

8/29/01-90006-044-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006175

1. Entity Name

HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 27 AM 9:15

Principal Place of Business

2438 UNIONVILLE DR
DELTONA FL 32725

Mailing Address

2438 UNIONVILLE DR
DELTONA FL 32725

2. Principal Place of Business

6156 Sequoia Dr.

Suite, Apt. #, etc.

3. Mailing Address

6156 Sequoia Dr.

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCY, DAVID
2438 UNIONVILLE DR
DELTONA FL 32725

(deceased 6/15/01)

7. Name and Address of New Registered Agent

Name David Dixon (Phone # (386) 760-3180)

Street Address (P.O. Box Number is Not Acceptable)

6156 Sequoia Dr.

City

Port Orange

FL

Zip Code

32127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE David Dixon PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRANCY, DAVID
STREET ADDRESS 2438 UNIONVILLE DR
CITY-ST-ZIP DELTONA FL 32725 ☒ DeleteTITLE V
NAME GOLD, BARBARA
STREET ADDRESS 12 ECLIPSE TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174 ☒ DeleteTITLE S
NAME DROGAN, ETHEL
STREET ADDRESS 42 COQUINA POINT DR
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ DeleteTITLE T
NAME POSSENTI, PATRICIA
STREET ADDRESS 829 PINE TREE CT
CITY-ST-ZIP PORT ORANGE FL 32129 ☐ DeleteTITLE C
NAME GOLDSTEIN, BARBARA
STREET ADDRESS 12 ECLIPSE TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Dixon, David
STREET ADDRESS 6156 Sequoia Dr.
CITY-ST-ZIP Port Orange FL 32127 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01

Date

(386) 760-3180

Daytime Phone #

000352

CR2E037 (5/01)