

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001384

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** GREATER DAYTONA COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2964 CARRIAGE DRIVE  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

2964 CARRIAGE DRIVE  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3735189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORES, JAMES M  
2964 CARRIAGE DRIVE  
SOUTH DAYTONA, FL 32119

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLORES, JAMES M  
Address: 2964 CARRIAGE DRIVE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VD ( ) Delete  
Name: FOSTER, BROWNLOW III  
Address: 2167 EAST HYDE DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: STD ( ) Delete  
Name: ZAFFUTO, ANTHONY  
Address: 566 REED CANAL #25  
City-St-Zip: SOUTH DAYTONA, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. FLORES

PD

04/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date