

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NQ1000002988**

1. Entity Name

CITIZENS FOR EXCELLENT SCHOOLS, INC.

Principal Place of Business

Mailing Address

**523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118**

**523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH FL

Zip

Country

Zip

Country

32176

6. Name and Address of Current Registered Agent

4. FEI Number

59-3714608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

**DANIELS, DOUGLAS A
523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118**

Name

JAMES L. ROSE

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

222 SEABREEZE BLVD

City

DAYTONA BEACH FL

Zip Code

32118

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

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

JAMES L. ROSE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NANCY HOLMAN, CHAIRMAN 2150 JOHN ANDERSON DR. ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SHARON OWENS, VICE CHMR 63 CREEK BLUFF WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PAULA M. GREGORY, TREAS 131 EXECUTIVE CIR #B DAYTONA BCH, FL 32114-1180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

NANCY HOLMAN

4/29/02

Date

386-441-6231

Daytime Phone #

CR2E037 (9/01)