

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000006418

1. Entity Name

Daytona Beach Chapter of the Internet Business Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 29 PM 3:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Magnolia Ave.

3. Mailing Address

150 Magnolia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number

59-3748372

Applied For

Not Applicable

Zip
32114

Country
US

Zip
32114

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

City
Daytona Beach

FL

Zip Code
32114

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
D
Grady, Michael S.
117 Porpoise Bay Road, #201
Daytona Beach, FL 32119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Thayer, George
2803 W. San Isidro St.
Tampa, FL 33629-6108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Vargas, Heather Bond
150 Magnolia Ave.
Daytona Beach, FL 32114

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (12/01)