

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

1/1

FILED
May 01, 2003 8:00 am
Secretary of State

01-16-2003 90070 030 ***61.25

DOCUMENT # ND1000008822

1. Entity Name
DAItona Beach Metro
Florida Chapter of SPEBSQSA, Inc.

DO NOT WRITE IN THIS SPACE

55034146

2. Principal Place of Business
300
Suite, Apt. #, etc.
City & State
Zip Country
32118-5947 FLORIDA

3. Mailing Address
3 OCEANS W. BLVD 6-C-7
Suite, Apt. #, etc.
City & State
Zip Country
6-C-7 DAItona Bch FL 32118-5947 FLORIDA

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4. FEI Number
59-6166707
Applied For
Not Applicable
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
C. James Wheeler, TREASURER
Street Address (P.O. Box Number is Not Acceptable)
3 OCEANS W. BLVD 6-C-7
DAItona Bch
City
FL Zip Code
32118-5947

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C. James Wheeler C. James Wheeler 1/8/03
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing) 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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TONY Fortune
2901 Cypress Ridge Trl
DAItona Bch FL 32128-6947

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
HAL FRANCIS
3606 S. PENINSULA DR #205
PORT ORANGE, FL 32127-4605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
C. James Wheeler
3 OCEANS W. BLVD 6-C-7
DAItona Bch FL 32118-5947

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: C. James Wheeler, Treasurer C. James Wheeler, Treas 386-304
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2037B (12/02)