

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N08142**

1. Entity Name

VOLUSIA COUNTY EDUCATION DIRECT-SUPPORT ORGANIZA**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90033 005 ****61.25

Principal Place of Business

Mailing Address

**200 N CLARA AVE
P O BOX 2118
DELAND FL 32721****200 N CLARA AVE
P O BOX 2118
DELAND FL 32721-2118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560862

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, RICHARD
543 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32014**

Name

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

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BUTERA, BETH
19 NOTTINGHAM DR
ORMOND BEACH FL 32174**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**200 N. Clara Ave
DeLand, FL 32721**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
COLEMAN, BOB
425 WILLIAMSON BLVD
DAYTONA BCH FL 32114**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DP
LYDECKER, CHARLIE
220 S. RIDGE WOOD AVE
DAYTONA BCH FL 32114**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
COLLINS, LLOYD
120 S RIDGEWOOD
DAYTONA BCH FL 32114**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S
LLOYD, BOB
PO BOX 191 N/A
DAYTONA BCH FL 32115**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**220 S. Ridgewood Ave.
Daytona Bch., FL 32114**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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

Date

Daytime Phone #