2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90012 042 ****61.25

DOCUMENT # N09377

1. Entity Name

FLORIDA RETIRED SENIOR VOLUNTEER PROGRAM DIRECTO

630109

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O HANSEN, JOAN S 99 E. MARKS STREET ORLANDO FL 32803 US	C/O HANSEN, JOAN S 99 E. MARKS ST., #102 ORLANDO FL 32803-3814 US

2. Principal Place of Business	3. Mailing Address
c/o Dan Feinbaum	c/o Dan Feinbaum
Suite, Apt. #, etc.: 160 N Beach ST P.O. Box 671	Suite, Apt. #, etc.: P.O. Box 671
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32115-0671 Country: USA	Zip: 32115-0671 Country: USA

4. FEI Number: 59-2667371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANSEN, JOAN S
99 E. MARKS STREET
SUITE 102
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: Dan Feinbaum
Street Address (P.O. Box Number is Not Acceptable): 160 N Beach ST
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: Dan Feinbaum - (PRESIDENT) 03/15/00
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	PD HANSEN, JOAN S 99 E MARKS STR, STE 102 ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAN Feinbaum 160 N Beach ST P.O. Box 671 Daytona Beach, FL 32115-0671	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, BARBARA P O BOX 671 DAYTONA BCH FL 32115-0671	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Barbara Gilbert 160 N Beach ST P.O. Box 671 Daytona Beach, FL 32115-0671	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLAHA, JOY 1036 VARSITY DRIVE BROOKSVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANN HALL 520 S.E. Fort King C-1 OCALA, FL 34471	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COWAN, REBECCA 207 HOSPITAL DRIVE FT WALTON BCH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Peggy Smith 1601 S Andrews Ave Fort Lauderdale, FL 33316	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Dan Feinbaum SIGNATURE REQUIRED Dan Feinbaum (PRESIDENT) 03/15/00 (904) 253-4700 X-206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #