

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90019 036 \*\*\*\*61.25

0008472

**DOCUMENT # N09975**

1. Entity Name

**VOLUSIA CRIME PREVENTION ASSOCIATION, INC.**

Principal Place of Business

P O BOX 22  
 DAYTONA BCH FL 32115-0022

Mailing Address

P O BOX 22  
 DAYTONA BCH FL 32115-0022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2827616**

Applied For

Not Applicable

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

**PARTINGTON, W E II**  
**1284 FERNWAY DRIVE**  
**ORMOND BEACH FL 32174**

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

**01-11-01**

**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	PD	<input type="checkbox"/> Delete
NAME	PARTINGTON, WILLIAM	
STREET ADDRESS	54 W GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOYD, AARON	
STREET ADDRESS	1307 CADILLAC DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN	
STREET ADDRESS	1410 HARDEN RD W	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, EVELYN	
STREET ADDRESS	87 JENNIFER CIRCLE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, EVELYN	
STREET ADDRESS	87 JENNIFER CIR	
CITY-ST-ZIP	PONCE INLET FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, MARY	
STREET ADDRESS	300 GOODALL AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

**01-11-01 904-677-4424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)