

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-01-2001 90002 009 *****61.25

DOCUMENT # N10901

1. Entity Name

DELTONA ALL-STATES SHRINE CLUB, INC.

Principal Place of Business

**541 ANTELOPE DRIVE
 DELTONA FL 32725
 US**

Mailing Address

**541 ANTELOPE DRIVE
 DELTONA FL 32725
 US**

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

23-7357956

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

**BUXTON, CLARK W JR
 541 ANTELOPE DR
 DELTONA FL 32725**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB 26, 2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLSON, JACK	
STREET ADDRESS	227 N KEPLER ROAD	
CITY-ST-ZIP	DELAND FL 32724-4711	
TITLE	D	<input type="checkbox"/> Delete
NAME	HWITNEY, WILLARD	
STREET ADDRESS	371 MAGNOLIA DR.	
CITY-ST-ZIP	DEBARY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EBERT, ARTHUR	
STREET ADDRESS	960 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARGAND, DAVID E	
STREET ADDRESS	PO BOX 391274	
CITY-ST-ZIP	DELTONA FL 32739-1274	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOWMAN, VERNON L	
STREET ADDRESS	2082 CLEO LANE	
CITY-ST-ZIP	DELTONA FL 32738-8661	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, BUXTON	
STREET ADDRESS	541 ANTELOPE DR	
CITY-ST-ZIP	DELTONA FL 32725	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, JACK	
STREET ADDRESS	277 N KEPLER RD	
CITY-ST-ZIP	DELAND FL 32724-4711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGAND, DAVID E.	
STREET ADDRESS	PO BOX 391274	
CITY-ST-ZIP	DELTONA FL 32739-1274	
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:

Clark W Buxton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
 Date

386-789-1748
 Daytime Phone #

CR2E037 (10/00)