

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90070 020 \*\*\*\*61.25

**DOCUMENT # N10901**

1. Entity Name

**DELTONA ALL-STATES SHRINE CLUB, INC.**

Principal Place of Business

Mailing Address

**541 ANTELOPE DRIVE  
DELTONA FL 32725  
US**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEB. 25 2002**

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 ☒ Delete  
NAME **D**  
STREET ADDRESS **NICHOLSON, JACK**  
CITY-ST-ZIP **227 N KEPLER ROAD  
DELAND FL 32724-4711**

TITLE ☐ Change ☒ Addition  
NAME **P/D**  
STREET ADDRESS **CLEVELAND, CLYDE K.**  
CITY-ST-ZIP **2066 DALTON AVE.  
DELTONA FL 32725-3314**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HWITNEY, WILLARD**  
CITY-ST-ZIP **371 MAGNOLIA DR.  
DEBARY FL**

TITLE ☐ Change ☒ Addition  
NAME **V/D**  
STREET ADDRESS **WINSOR, MAURICE**  
CITY-ST-ZIP **980 SYLVIA DR.  
DELTONA FL 32725-2718**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **EBERT, ARTHUR**  
CITY-ST-ZIP **960 DELTONA BLVD  
DELTONA FL 32725**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MARGAND, DAVID E**  
CITY-ST-ZIP **PO BOX 391274  
DELTONA FL 32739-1274**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **MARGAND, DAVID E.**  
CITY-ST-ZIP **PO BOX 391274  
DELTONA FL 32739-1274**

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **BOWMAN, VERNON L**  
CITY-ST-ZIP **2082 CLEO LANE  
DELTONA FL 32738-8661**

TITLE ☐ Change ☒ Addition  
NAME **T/D**  
STREET ADDRESS **BARBERI, P. DALE**  
CITY-ST-ZIP **2555 VESPERO ST.  
DELTONA FL 32738-5170**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **CLARK, BUXTON**  
CITY-ST-ZIP **541 ANTELOPE DR  
DELTONA FL 32725**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB. 25 2002**

Date

**386-789-1748**

Daytime Phone #

CR2E037 (9/01)