

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12108

1. Entity Name

**VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOCIATION, INC.**

Principal Place of Business

501 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3929

Mailing Address

501 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3929

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90072 001 \*\*\*\*61.25

80047400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1330 S. Woodland Blvd  
Suite, Apt. #, etc.

1330 S. Woodland Blvd  
Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

4. FEI Number

59-2895495

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMIE, SHEILA C  
171 W CANAL STREET  
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

Walter L. Sessions

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

1330 S. Woodland Blvd.

City

Deland

FL

Zip Code

32720

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

*Walter L. Sessions* Walter L. Sessions, President

2/22/02

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

TITLE ☒ Delete  
NAME RANIE, SHEILA C  
STREET ADDRESS 717 W CANAL ST  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Delete  
NAME RICETTI, JANET  
STREET ADDRESS 501 S. CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☒ Delete  
NAME GRAY, JANE P  
STREET ADDRESS 1330 S. WOODLAND BLVD  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Delete  
NAME BAHENA, MARISOL  
STREET ADDRESS 1330 S WOODLAND BLVD  
CITY-ST-ZIP DELAND FL 32720

TITLE ☒ Delete  
NAME TRASCRITTI, MARIA T  
STREET ADDRESS 1330 S. WOODLAND BLVD.  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME PD Walter L. Sessions  
STREET ADDRESS 1330 S. Woodland Blvd.  
CITY-ST-ZIP Deland FL 32720

TITLE ☐ Change ☒ Addition  
NAME VPD Heather Will  
STREET ADDRESS 2752B Enterprise Rd.  
CITY-ST-ZIP Orange City FL 32763

TITLE ☒ Change ☐ Addition  
NAME TD Marisol Bahena  
STREET ADDRESS 1330 S. Woodland Blvd  
CITY-ST-ZIP Deland FL 32720

TITLE ☐ Change ☒ Addition  
NAME SD Ana M. Soto  
STREET ADDRESS 767 Fort Smith Blvd.  
CITY-ST-ZIP Deltona FL 32725

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

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:

*MARISOL BAHENA* MARISOL BAHENA

2/22/02

(386) 822-6216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)