

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90028 018 ****70.00

DOCUMENT # N17610

1. Entity Name
LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING

Principal Place of Business C/O GAIL CAMPUTARO 160 N BEACH ST DAYTONA BEACH FL 32114 US	Mailing Address C/O GAIL CAMPUTARO PO BOX 671 DAYTONA BEACH FL 32115-0671 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2785991	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAMPUTARO, GAIL F.
 160 N BEACH ST
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

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 _____ (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	VD	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, EDWARD	
STREET ADDRESS	9 CHOCTAW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STACK, MELVIN	
STREET ADDRESS	444 SEABREEZE BLVD, SUITE 400	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZINER, ANTHONY	
STREET ADDRESS	154 SEA HAWK DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EUBANK, MARJORIE	
STREET ADDRESS	220 S RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD PEPIN, MICHAEL A.	
STREET ADDRESS	10 JILL ALISON CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD FRASER, ALAN R.	
STREET ADDRESS	5207 SOUTH ATLANTIC AVENUE #723	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	

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: *Anthony J. Ziner* **ANTHONY J. ZINER, Chairman** 02/29/00 (904) 253-4700

CR2E037 (9/99)