

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90080 043 ****61.25

DOCUMENT # N22499

1. Entity Name

VOLUSIA CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business

Mailing Address

**2990 S. ATLANTIC AVE
2ND FLOOR
DAYTONA BEACH SHORES FL 32118
US**

**1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number **59-2892410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**SMITH, KAREN WORDELL
1292 CEDAR CENTER DRIVE
SUITE 1
TALLAHASSEE FL 32302**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **CAGLE, CHRISTY** ☐ Delete
STREET ADDRESS **140 S ATLANTIC AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE **PD**
NAME **KOKITUS, ANDREA G** ☒ Delete
STREET ADDRESS **21 S. PENINSULA DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE **DT**
NAME **FARACU, YVONNE** ☐ Delete
STREET ADDRESS **2990 S. ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **DT**
NAME **YVONNE FERRARA** ☒ Change ☐ Addition
STREET ADDRESS **2990 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D**
NAME **MAUL, CINDY** ☒ Delete
STREET ADDRESS **2990 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **PD**
NAME **CYNTHIA A. MAUL** ☒ Change ☐ Addition
STREET ADDRESS **687 Berille Rd.**
CITY-ST-ZIP **S. Daytona FL 32119**

TITLE **DS**
NAME **HUGHES, CINDY** ☐ Delete
STREET ADDRESS **2990 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D**
NAME **DONNA FOSTER** ☐ Change ☒ Addition
STREET ADDRESS **464 S. Ridge Wood**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **Libby SMITH** ☐ Change ☒ Addition
STREET ADDRESS **464 S. Ridge Wood**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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:

Cynthia A. Maul

2/6/03 381.788-5211

CR2E037 (10/02)