

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N28983**

1. Entity Name

**VOLUSIA/FLAGLER COUNCIL ON ALCOHOL AND DRUG ABUS**

Principal Place of Business

**PO BOX 21214  
SOUTH DAYTONA FL 32121**

Mailing Address

**PO BOX 21214  
SOUTH DAYTONA FL 32121**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEGNER, STEVEN P  
1737 LOUISIANA RD  
SOUTH DAYTONA FL 32119**

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

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	VC	<input type="checkbox"/> Delete
NAME	HOFFMAN, THOMAS	
STREET ADDRESS	1115 JACORANDA AVE	
CITY-ST-ZIP	DAYTONA BCH FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	SEGNER, STEVEN P	
STREET ADDRESS	1737-LOUISIANA RD	
CITY-ST-ZIP	SO DAYTONA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SETTER, JIM	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	C	<input type="checkbox"/> Delete
NAME	RODOMOCHER, JEANNE	
STREET ADDRESS	211 NO RIDGEWOOD AVE STE 301	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROYAL, DORIS	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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		

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:

*STEVEN P SEGNER*

6/29/01 386 736 0420

**FILED  
Jul 10, 2001 8:00 am  
Secretary of State**

07-10-2001 90123 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0063655

CR2E037 (10/00)