

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90119 037 \*\*\*\*61.25

DOCUMENT # N31481

1. Entity Name

PALM COAST NEW ENGLAND CLUB, INC.

Principal Place of Business

C/O DAVID JOY  
P O BOX 353433  
PALM COAST FL 32135

Mailing Address

C/O DAVID JOY  
P O BOX 353433  
PALM COAST FL 32135

2. Principal Place of Business

Peoples 1st Community Bank

3. Mailing Address

93 Florida Park Drive

Suite, Apt. #, etc.

Community Room

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

Flagler

Zip

32137

Country

Flagler

4. FEI Number

59-2992130

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOY, DAVID  
22 MT VERNON LANE  
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

MARCH DONAL

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

93 FLORIDA PARK DRIVE

CITY PALM COAST

FL

Zip Code 32137

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.

Donal March Pres. NEW ENGLAND CLUB

SIGNATURE

Donal March

1-16-2001

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	D	JOSEPH J DRODWILL	<input checked="" type="checkbox"/> Delete
NAME		21 WESTGRILL DR	
STREET ADDRESS		PALM COAST FL 32164	
CITY-ST-ZIP			
TITLE	D	JOY, DAVID	<input type="checkbox"/> Delete
NAME		22 MT VERNON LANE	
STREET ADDRESS		PALM COAST FL 32164	
CITY-ST-ZIP			
TITLE	D	MYLIS, EDWARD	<input type="checkbox"/> Delete
NAME		3 CARLSON LN	
STREET ADDRESS		PALM COAST FL 32137	
CITY-ST-ZIP			
TITLE	P	MYLIS, EDWARD	<input checked="" type="checkbox"/> Delete
NAME		3 CARLSON LN	
STREET ADDRESS		PALM COAST FL 32137	
CITY-ST-ZIP			
TITLE	V	JOY, DAVID	<input checked="" type="checkbox"/> Delete
NAME		22 MT VERNON LN	
STREET ADDRESS		PALM COAST FL 32164	
CITY-ST-ZIP			
TITLE	T	GOLD, GEORGE	<input type="checkbox"/> Delete
NAME		20 MT VERNON LN	
STREET ADDRESS		PALM COAST FL 32164	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONAL MARCH	
STREET ADDRESS	93 FLORIDA PARK DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN ANTOINETTA	
STREET ADDRESS	17-FIFER LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE ANN	
STREET ADDRESS	43 FLEET WOOD DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLIS EDWARD	
STREET ADDRESS	3 CARLSON LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY DAVID	
STREET ADDRESS	22 MT VERNON LN	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLERBACK IDA	
STREET ADDRESS	26 LIBERTY CIRCLE	
CITY-ST-ZIP	PALM COAST FL 32164	

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:

Donal March 1-16-2001 904 445 3352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)