

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N31910**

1. Entity Name

THE AIDS COALITION OF VOLUSIA/FLAGLER COUNTY, INC.

Principal Place of Business

Mailing Address

240 FREDERICK AVE

240 N FREDERICK AVE

STE E

STE E

DAYTONA BCH

FL

DAYTONA BEACH

FL

32114

US

32114

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINS SUSAN S

240 N FREDERICK AVE

STE E

DAYTONA BEACH

FL

32114

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 **SUSAN S. HUTCHINS****01/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN ISAAC		NAME	HARRISON BRAD	
STREET ADDRESS	425 RIDGEWOOD AVE STE 203		STREET ADDRESS	1035 HAMPTON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUSA EDWARD		NAME	VITALE TOM	
STREET ADDRESS	1942 TETON LANE		STREET ADDRESS	525 N. HALIFAX AVE. APT. #1	
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIERSE GARRY		NAME	CARNEY LYNN	
STREET ADDRESS	39 S HOLLYWOOD BLVD		STREET ADDRESS	18 WEYANOKE LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINS SUSAN S		NAME		
STREET ADDRESS	240 N FREDERICK AVE STE E		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: Susan S. Hutchins****P****01/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)