

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33130

1. Entity Name

JIM BOOE #86 D A V A, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90054 015 ****61.25

Principal Place of Business Mailing Address
 208 6TH STREET SOUTH 208 6TH STREET SOUTH
 P. O. BOX 360 P. O. BOX 360
 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136-0360

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2865807 Applied For Not Applicable

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

SEARS, ALICE F
 14 FERDINAND LN
 PALM COAST FL 32137

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 *Alice F. Sears* ALICE F SEARS 4-22-00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, ANNA	
STREET ADDRESS	13 WHITTER LN	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAJOR, BEVERLY	
STREET ADDRESS	37 FAIRCASTLE LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POVILAITIS, JOSEPHINE	
STREET ADDRESS	146 COOKOUT DR	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEARS, ALICE	
STREET ADDRESS	14 FERDINAND LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAINES, KATHARINE A	
STREET ADDRESS	77 BURBANK DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIACCONE, MARILYN	
STREET ADDRESS	105 COCHISE CT	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHARINE A HAINES	
STREET ADDRESS	77 BURBANK DR	
CITY-ST-ZIP	Palm Coast - FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN GIACCONE	
STREET ADDRESS	105 COCHISE CT	
CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josephine Povilaitis	
STREET ADDRESS	146 COOKOUT DR	
CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUREEN JONAS	
STREET ADDRESS	22 ATLANTIC DR	
CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE RIEMAN	
STREET ADDRESS	PO Box 352536	
CITY-ST-ZIP	Palm Coast FL 32137	

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: *Alice F. Sears* ALICE F SEARS 4-22-00
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)