

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35958

1. Entity Name

THE PUTNAM COUNTY FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Principal Place of Business

284 UNION AVENUE
CRESCENT CITY FL 32112
US

Mailing Address

RR 2 BOX 745
BOX 745
CRESCENT CITY FL 32112
US

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

59-2994228

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

BROWN, RANDY
4 SUNWOOD TRAIL
ORMOND BEACH FL 32174

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD3
NAME BROWN, RANDY
STREET ADDRESS 4 SUNWOOD TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CODD, C. PATRICK
STREET ADDRESS 604 LEMON ST.
CITY-ST-ZIP CRESCENT CITY FL 32112

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DOYLE, JOHN
STREET ADDRESS 127 PONCE DE LEON PLACE
CITY-ST-ZIP PONCE INLET FL 32127

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME LUNDLOW, BOB
STREET ADDRESS 160 N NOVA ROAD
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME BOSTWICK, JOHN
STREET ADDRESS 5380 RIDGEWOOD AVE.
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DYTOKO, ED
STREET ADDRESS 1804 WRIGHT DR.
CITY-ST-ZIP DAYTONA BEACH FL 32119

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Randy Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-2002

386-255-6018

Daytime Phone #

CR2E037 (9/01)