

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90268 004 \*\*\*\*70.25

DOCUMENT # N42668

1. Entity Name

YOUTH VILLAGE OF VOLUSIA COUNTY, INC.

Principal Place of Business

Mailing Address

517 S RIDGEWOOD AVE  
DAYTONA BEACH FL 32114  
US

517 S RIDGEWOOD AVE  
DAYTONA BEACH FL 32114  
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

59-3091263

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

GORHAM FARRELL, FATHER ANTHONY  
ST MARY OF THE LAKES  
234 EAST BADGER AVE  
EUSTIS FL 32746-4802

Name

Patricia M. Maiuri

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

345 Trailblazer Dr.

City

Lake Helen

FL

Zip Code

32744

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 PD  
NAME FARRELL, ANTHONY GORHAM FR  
STREET ADDRESS ST MARY OF THE LAKES, 234 EAST BADGER AVE  
CITY-ST-ZIP LAKE MARY FL 32746-4802 ☒ Delete

TITLE D  
NAME FRAN MOCCIA  
STREET ADDRESS 1203 NORTHSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

TITLE VD  
NAME MAIURI, PATRICIA  
STREET ADDRESS 345 TRAILBLAZER DRIVE  
CITY-ST-ZIP LAKE HELEN FL 32744 ☐ Delete

TITLE PD  
NAME PATRICIA MAIURI  
STREET ADDRESS 345 TRAILBLAZER DRIVE  
CITY-ST-ZIP LAKE HELEN, FL 32744 ☒ Change ☐ Addition

TITLE SD  
NAME RODGERS, DEBRA  
STREET ADDRESS 5630 PALM AVENUE WEST  
CITY-ST-ZIP HARBOR OAKS FL 32127 ☐ Delete

TITLE D  
NAME SANDRA K. WILLIAMS  
STREET ADDRESS 1246 THOMAS DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32129 ☐ Change ☒ Addition

TITLE TD  
NAME MELLINGER, STEVEN  
STREET ADDRESS 5913 PARK RIDGE CIRCLE  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE D  
NAME ROBIN COURTNEY  
STREET ADDRESS 1417 MOLLIE ROAD  
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Change ☒ Addition

TITLE D  
NAME DHAWAN, BETH  
STREET ADDRESS 12 COQUINA RIDGE WAY  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE D  
NAME JUDI CASON  
STREET ADDRESS 1309 WESTWOOD DRIVE  
CITY-ST-ZIP HOLLY HILL, FL 32117 ☐ Change ☒ Addition

TITLE D  
NAME SPERONI, JOSEPH  
STREET ADDRESS 159 IRON GATE CIRCLE  
CITY-ST-ZIP PORT ORANGE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 (386) 248-2771

Date

Daytime Phone #

CR2E037 (9/01)