

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004872

1. Entity Name

GREATER DAYTONA BEACH BUSINESS GUILD, INC.

Principal Place of Business

801 N PENINSULA DR
DAYTONA BEACH FL 32118

Mailing Address

P O BOX 263148
DAYTONA BEACH FL 32118
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

59-3261309

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

Name

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

City

FL

Zip Code

CAMP, JAMES A
801 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DILLON, SUSAN
316 DUNCANTON AVE
PORT ORANGE FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GRAHAM, JEFF
923 OLD SUGERMILL RD
PORT ORANGE FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SPRADLEY, MARK
2700 S RIDGEWOOD
S DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PHILLIPS, GORDON
106 DOUGLAS DR
HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JERRY CORLIS
1311 CENTER AVE
HOLLY HILL, FL 32117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Gordon Phillips GORDON PHILLIPS 7/21/01 386 248-0706

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90027 010 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)