

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004872

1. Entity Name

GREATER DAYTONA BEACH BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

801 N PENINSULA DR  
DAYTONA BEACH FL 32118

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

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

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

TITLE ☒ Change ☐ Addition  
NAME KEITH PROOP  
STREET ADDRESS 298 S. HOVA RD  
CITY-ST-ZIP ORMOND BCH. FL 32174

TITLE VD ☐ Delete  
NAME CORLIS, JERRY  
STREET ADDRESS 1311 CENTER AVENUE  
CITY-ST-ZIP HOLLY HILL FL 32117

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

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

TITLE ☒ Change ☐ Addition  
NAME MIKE CAULKINS  
STREET ADDRESS 299 MICHAEL AVE  
CITY-ST-ZIP HOLLY HILL FL 32107

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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

3-24-2002 386-248-0706

Date

Daytime Phone #

CR2E037 (9/01)

0069981



DO NOT WRITE IN THIS SPACE