

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90001 029 \*\*\*\*61.25

0008501

**DOCUMENT # N94000001058**

1. Entity Name

**DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.**

LA

Principal Place of Business

Mailing Address

**1150 JIMMY ANN DR  
DAYTONA BEACH FL 32114**

**1150 JIMMY ANN DR  
DAYTONA BEACH FL 32114**

**A0073922**



DO NOT WRITE IN THIS SPACE

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

**NOT APPLICABLE**

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

**ROLL, DANIEL O  
100 JIMMY HUGGER CIRCLE  
DAYTONA BCH FL 32117**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GABRIEL, K.EUGENE 141 BRANDY HILLS DR DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SYLVESTRE, RAYMOND 1369 COSTA DEL SOL DR DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SLADE, KATHLEEN O 311 N. CLYDE MORRIS BLVD., SUITE 360 DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUNKLE, JACK D. 33 MEADOW RIDGEVIEW ORMOND BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SNYDER, JIM L 2041 ANCHOR AVENUE DELAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALISO, DOROTHY WARD 54 SEAWINDS CIRCLE PONCE INLET FL 32127</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR PULAK, GAIL 2899 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SLADE, KATHLEEN O. 2894 MALIBU COURT DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SNYDER JIM L. 2041 ANCHOR AVENUE DELAND, FL 32721</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SULLIVAN, JOHN 101 B GOLDEN EYE DRIVE DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*K. Eugene Gabriel*

**K. EUGENE GABRIEL 6-11-01 386-274-4736**

CR2E037 (10/00)