

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90075 026 \*\*\*\*61.25

**DOCUMENT # N94000001298**

1. Entity Name

**VOLUSIA SHERIFF'S YOUTH FOUNDATION, INC.**

Principal Place of Business

POST OFFICE BOX 569  
 DELAND FL 32721-0569  
 US

Mailing Address

133 E. INDIANA AVENUE  
 DELAND FL 32721-0569  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3229095**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, GEORGE**  
**133 E. INDIANA AVENUE**  
**DELAND FL 32724**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	DELUCA, STEPHEN	
STREET ADDRESS	927 S. CLARA AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, III G	
STREET ADDRESS	133 EAST INDIANA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, THOMAS	
STREET ADDRESS	1801 SPEEDWAY BOULEVARD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, STACY	
STREET ADDRESS	POST OFFICE BOX 906	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, SHARON	
STREET ADDRESS	45 SETON TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN THOMSON	
STREET ADDRESS	702 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FLORIDA 32168	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNIE VOGEL	
STREET ADDRESS	70 AQUA COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FLORIDA 32169	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS GALLOWAY	
STREET ADDRESS	1801 SPEEDWAY BOULEVARD	
CITY-ST-ZIP	DAYTONA BEACH, FLORIDA 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/8/01

Date

✓ 904-426-6159

Daytime Phone #

CR2E037 (10/00)