

2004

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001427

DOCUMENT # N94000002054

1. Entity Name

SECURITY FIRST BUSINESS PARK COMMERCIAL OWNERS AND TENANTS ASSOCIATION, INC.



FILED

04 AUG 10 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3010 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118

Mailing Address

3010 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3224647

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

ANDERSON, GEORGE D  
3010 S. PENINSULA DR  
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. I am familiar with, and accept the obligations of registered agent.

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 FeesMake Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, GEORGE D	
STREET ADDRESS	3010 S. PENINSULA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800040497088	
STREET ADDRESS	08/25/04--01045--007	
CITY-ST-ZIP	**61.25	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BUCKLEY, DENNIS M	
STREET ADDRESS	1037 N. HALIFAX DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SENKOVICH, MICHAEL A	
STREET ADDRESS	2323 S. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

07-29-2004 386-441-3630

CR2E037 (10/02)