

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002910

1. Entity Name

DELAND SPORTS REDEVELOPMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

145 EAST RICH AVENUE
DELAND FL 32724
US

P.O. BOX 1116
DELAND FL 32721-1116
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAIS, STEPHEN
145 EAST RICH AVENUE
DELAND FL 32724

Name Robert F. Aggar
Street Address (P.O. Box Number is Not Acceptable) 144 S. Ridgewood Ave 6th floor
City Daytona Beach FL Zip Code 32174

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

3-1-00

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
NAME APGAR, BOB
STREET ADDRESS 501 NORTH MCDONALD
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS 100 E. Kentucky Ave J-102
CITY-ST-ZIP DELAND FL 32724 ☒ Change ☐ Addition

TITLE VPD
NAME ALTIER, JEFF
STREET ADDRESS 508 NORTH KANSAS
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE SD
NAME BAILEY, WILLIAM
STREET ADDRESS 408 EAST RICH AVENUE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE TD
NAME COSTA, PATRICK A.
STREET ADDRESS 620B EAST NEW YORK AVE.
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

904 255 7558

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3256809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)