

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002910**

1. Entity Name

DELAND SPORTS REDEVELOPMENT ASSOCIATION, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90217 020 ****61.25

Principal Place of Business

**145 EAST RICH AVENUE
DELAND FL 32724
US**

Mailing Address

**P.O. BOX 1116
DELAND FL 32721-1116
US****00016031**

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

59-3256809

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

APGAR, ROBERT F**145 EAST RICH AVENUE
DELAND FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

149 South Ridgewood Ave., Suite 600

City

Daytona Beach**FL**Zip Code
32114

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

Robert F. Apgar

2/6/01

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	<input type="checkbox"/> Delete
NAME	APGAR, BOB	
STREET ADDRESS	100 E. KENTUCKY AVE J102	
CITY-ST-ZIP	DELAND FL 32724	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALTIER, JEFF	
STREET ADDRESS	508 NORTH KANSAS	
CITY-ST-ZIP	DELAND FL 32724	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY, WILLIAM	
STREET ADDRESS	408 EAST RICH AVENUE	
CITY-ST-ZIP	DELAND FL 32724	

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COSTA, PATRICK A.	
STREET ADDRESS	620B EAST NEW YORK AVE.	
CITY-ST-ZIP	DELAND FL 32724	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allison Maughn	
STREET ADDRESS	740 Montreville Avenue	
CITY-ST-ZIP	DeLand, FL 32724	

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

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
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

Robert F. Apgar,
President

2/6/01

(904) 255-7558

Date

Daytime Phone #

CR2E037 (10/00)