

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 08:00 AM  
Secretary of State

DOCUMENT # N94000004189

1. Entity Name

201 NORTH CLYDE MORRIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

201 N CLYDE MORRIS BLVD

DAYTONA BEACH  
32114

FL

US

Mailing Address

POST OFFICE BOX 2830

DAYTONA BEACH  
32120

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O LEGAL DEPARTMENT

Suite, Apt. #, etc.

POST OFFICE BOX 2830

City & State

City & State

DAYTONA BEACH

FL

4. FEI Number

59-3304482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIDSON DAVID J  
303 NORTH CLYDE MORRIS BOULEVARD

DAYTONA BEACH  
32114

FL

US

7. Name and Address of New Registered Agent

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.)

01/27/2000

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 D ☐ Delete  
NAME DAVIDSON DAVID J  
STREET ADDRESS 303 NORTH CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete  
NAME GOLDBERG PAUL M  
STREET ADDRESS 201 NORTH CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete  
NAME LANG DANIEL  
STREET ADDRESS 303 NORTH CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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.