

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004193

1. Entity Name

S.T.V. MAIGLOCKCHEN OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

2573 TREEHAVEN DRIVE
DELTONA FL 32738

2573 TREEHAVEN DRIVE
DELTONA FL 32738-5163

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

59-3334095

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

SCHUMANN, THOMAS F
2573 TREE HAVEN DRIVE
DELTONA FL 32738

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 PD ☐ Delete
NAME SCHUMANN, THOMAS F
STREET ADDRESS 2573 TREEHAVEN DR.
CITY-ST-ZIP DELTONA FL

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

TITLE VD ☐ Delete
NAME PHOTIADES, STEVE
STREET ADDRESS 1930 BOTREE COURT
CITY-ST-ZIP DAYTONA BEACH FL 32124

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

TITLE TFSD ☐ Delete
NAME SCHUMANN, CAROL J
STREET ADDRESS 2573 TREEHAVEN DR.
CITY-ST-ZIP DELTONA FL 32738

TITLE T/FSD ☒ Change ☐ Delete
NAME Schumann, Carol J.
STREET ADDRESS 2573 Treehaven Dr.
CITY-ST-ZIP Deltona, FL 32738
"D" to "D"

TITLE SD ☐ Delete
NAME SCHAGER, JENNIE
STREET ADDRESS 29 CUNNINGHAM DR.
CITY-ST-ZIP NEW SMYRNA BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Schumann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90053 021 ****61.25

B0014080



DO NOT WRITE IN THIS SPACE