

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004364

1. Entity Name

WEST VOLUSIA FILM AUTHORITY, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90062 035 ****61.25

Principal Place of Business

151 E OHIO AVE.
LAKE HELEN FL 32744

Mailing Address

5 W. Highbanks Rd.
DeBARRY FL 32713

2. Principal Place of Business

Florida Victoria

Suite, Apt. #, etc.

W. Georgia Ave

City & State
DELAND FL

Zip
32720

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3340144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABELES, DAVID E
5 WEST Highbanks Rd.
DeBARRY FL 32713

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)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME D
STREET ADDRESS ABELES, DAVID E
CITY-ST-ZIP PO BOX 121 N/A
DEBARRY FL 32713

TITLE ☐ Delete
NAME D
STREET ADDRESS SHUTTLEWORTH, MARK
CITY-ST-ZIP FLORIDA VICTORIA - W. GEORGIA AVE.
DELAND FL 32720

TITLE ☐ Delete
NAME D
STREET ADDRESS ROGERS, GARY
CITY-ST-ZIP 439 NORTH CLARA AVE.
DELAND FL 32720

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
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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:

DAVID E ABELES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 668 8511

CR2E037 (5/00)