

2002 UNIFORM BUSINESS REPORT (UBR)

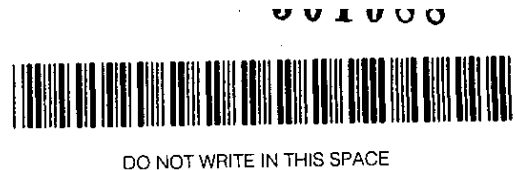
FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90250 013 ****61.25

DOCUMENT # N95000004364

1. Entity Name
WEST VOLUSIA FILM AUTHORITY, INC.

Principal Place of Business Mailing Address
~~C/O W. GEORGIA W. GEORGIA AVE~~ **5 W. Highbanks Rd.**
DELAND FL 32720 **DEBARRY FL 32713**

2. Principal Place of Business 3. Mailing Address
112 W. Georgia Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State
 City & State City & State
 Zip Country Zip Country



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 _____ (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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABELES, DAVID E		NAME		
STREET ADDRESS	PO BOX 121 N/A		STREET ADDRESS		
CITY-ST-ZIP	DEBARRY FL 32713		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUTTLEWORTH, MARK		NAME		
STREET ADDRESS	FLORIDA VICTORIA - W. GEORGIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, GARY		NAME		
STREET ADDRESS	439 NORTH CLARA AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED** **DAVID E. ABELES** Date: **4-24-02** Daytime Phone #: **386-6688511**

CR2E037 (9/01)