

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90975 011 ****61.25

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DOCUMENT # N95000005548

1. Entity Name

VCOG, INC.



Principal Place of Business

**1190 PELICAN BAY DR
DAYTONA BCH FL 32119
US**

Mailing Address

**1190 PELICAN BAY DR
DAYTONA BCH FL 32119
US**

11021721



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1282694**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHLEICHER, ROY M
1190 PELICAN BAY DR.
DAYTONA BCH FL 32119-1381**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **FRANCE GREGORY**
STREET ADDRESS **168 COMMUNITY DR**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ Change ☒ Addition
NAME **COLEMAN, GEORGE**
STREET ADDRESS **286 DELEON ROAD**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **STD** ☐ Delete
NAME **SWIDERSKI, MARY**
STREET ADDRESS **950 EAST UNIVERSITY AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

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

TITLE **CD** ☐ Delete
NAME **SCHMIDT, DONALD A**
STREET ADDRESS **1723 LIME TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL 32132**

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

TITLE **D** ☐ Delete
NAME **LOCKEY, PAUL**
STREET ADDRESS **615 MAGNOLIA AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

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

TITLE **D** ☐ Delete
NAME **SHUTTLEWORTH, MARK**
STREET ADDRESS **340 NEW YORK AVE**
CITY-ST-ZIP **LAKE HELEN FL 32744**

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

TITLE **D** ☐ Delete
NAME **VANDERGRIFT, JAMES**
STREET ADDRESS **210 SAMS AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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.

SIGNATURE:

[Signature]

4/24/03

(386) 322-5160

CR2E037 (10/02)