**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2001 8:00 am Secretary of State DOCUMENT # N95000005873 1. Entity Name PALMETTO PLACE ADVOCATES, INC. 01-19-2001 90060 050 \*\*\*\*61.25 Principal Place of Business Mailing Address 336 S. PALMETTO AVE. 336 S. PALMETTO AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3349677 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent-Street Address (P.O. Box Number is Not Acceptable) PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (10/00 DΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME TROXLER, DAVID STREET ADDRESS STREET ADDRESS 1166 PEACHTREE RD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WHITE, JANET NAME STREET ADDRESS STREET ADDRESS 128 W OCEAN DUNES CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL---☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME REED, MARILYN NAME STREET ADDRESS STREET ADDRESS 1204 SUNLAND RD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Addition DVP ☐ Delete TITLE TITLE YOUKON, MICHAEL W NAME NAME STREET ADDRESS STREET ADDRESS 1853 EVERGREEN DR CITY-ST-ZIP CITY-ST-7IP **EDGEWATER FL 32141** ☐ Addition ☐ Change ☐ Delete TITLE TITLE JOHNSON, ROBERT L NAME NAME 220 S RIDGEWOOD AVE., #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32114 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BRIDGES, SHARON NAME STREET ADDRESS 169 DEER LAKE CIR STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ORMOND BEACH FL 32175 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

with all other like empowered.