

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

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90112 024 \*\*\*\*61.25

**DOCUMENT # N96000003192**

1. Entity Name

**VOLUSIA COUNTY FIRE FIGHTERS COUNCIL, INC.**



Principal Place of Business

**2400 S. RIDGEWOOD AVE.  
STE # 51  
S. DAYTONA FL 32119**

Mailing Address

**2400 S. RIDGEWOOD AVE.  
STE # 51  
S. DAYTONA FL 32119**

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 **59-2669874**

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

**SEDACCA, GARY  
2400 S. RIDGEWOOD AVE.  
STE 51  
S. DAYTONA FL 32119**

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

**7/8/03**

**FILE NOW. FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
SEDACCA, GARY  
2463 OLD SAMSULA RD.  
DAYTONA BEACH FL 32124**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VPD  
TAFT, LEN  
422 SEAVIEW AVE.  
DAYTONA BEACH FL 32118**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
LEMMOND, VAUGHN  
119 MINERVA ROAD  
DAYTONA BEACH FL 32118**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
Chris Lemmond  
119 Minerva Rd  
Daytona Bch FL 32118**

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP  
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☐ Change ☐ Addition

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**

Date

Daytime Phone #

**7/8/03**

**386-322-1200**

CR2E037 (4/03)