

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005209

1. Entity Name

LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP

Principal Place of Business

233 E. RICH AVE
DELAND FL 32724

Mailing Address

233 E. RICH AVE
DELAND FL 32724
US

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

59-3409667

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

CEELY, MARY ELLEN
233 EAST RICH AVENUE
DELAND FL 32724

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

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 ☐ Delete
NAME INGRAHAM, ALBERT J
STREET ADDRESS 89 S. ATLANTIC AVE #1605
CITY-ST-ZIP ORMOND BCH FL

TITLE ☐ Change ☒ Addition
NAME JULIA GAGNON
STREET ADDRESS 855 LANCASTER RD
CITY-ST-ZIP DELAND FL 32720

TITLE ☒ Delete
NAME MINALE, KATHRYN F
STREET ADDRESS 1128 MARGATE CT
CITY-ST-ZIP PT. ORANGE FL

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

TITLE ☐ Delete
NAME VANGORDEN, CONSTANCE S.
STREET ADDRESS 233 EAST RICH AVE.
CITY-ST-ZIP DELAND FL

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

TITLE ☐ Delete
NAME PRUETT, JULIE A.
STREET ADDRESS 129 SEMINOLE AVENUE
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE ☐ Delete
NAME CEELY, MARY ELLEN
STREET ADDRESS 233 E. RICH AVE
CITY-ST-ZIP DELAND FL 32724

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

TITLE ☐ Delete
NAME SANTUCCI, EFFIE J
STREET ADDRESS 105 W. SPRING ST
CITY-ST-ZIP DE LEON SPRINGS FL 32130

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA A. GAGNON

Date

Daytime Phone #

CR2E037 (10/00)