FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 011 ****61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

666740

DOCUMENT # N96000006283

1. Entity Name

THE GREATERUSEABREEZE BUSINESS ASSOCIATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL	City & State
Zip: 32118 / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee
After May 1 Fee
Amended UBR is Free
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Scott Frank
STREET ADDRESS	Sussman's, 303 Seabreeze Blvd.
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	Vice President
NAME	Lyle Trachtman
STREET ADDRESS	527-29 Seabreeze Blvd.
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	Secretary
NAME	Rosemary DeSantis
STREET ADDRESS	100 Seabreeze Blvd.
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	Treasurer
NAME	Raymond A. Phelan, CPA
STREET ADDRESS	623 N. Grandview Avenue
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-1-02 (386) 252-6556