

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000108

1. Entity Name

MEMORIAL SOCIETY OF GREATER DAYTONA BEACH INC.



FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90006 008 ****61.25

Principal Place of Business

3 SANTA LUCIA AVENUE
ORMOND BEACH FL 32174

Mailing Address

3 SANTA LUCIA AVENUE
ORMOND BEACH FL 32174

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

59-3537838

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

POWERS, JIM
3 SANTA LUCIA AVENUE
ORMOND BEACH FL 32174

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
After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	POWERS, JIM	3 SANTA LUCIA AVE ORMOND BEACH FL 32174	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	POWERS, JEAN	638 KIRKLAND WAY #4 KIRKLAND WA 98033	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	POWERS, JERRY	1450 HIGHLAND VIEW DR., #E-107 BOISE ID 83702	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	LEITHE, JUDY	8945 SE 56TH ST MERCER ISLAND WA 98040	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)