

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90018 015 \*\*\*\*61.25

**DOCUMENT # N97000001356**

1. Entity Name

**DELTONA AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

1200 DELTONA BLVD  
SUITE 10  
DELTONA FL 32725-6364  
US

Mailing Address

1200 DELTONA BLVD  
SUITE 10  
DELTONA FL 32725-6364  
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

**NOT APPLICABLE**

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

WHITE, LINDA S  
1200 DELTONA BLVD  
SUITE 10  
DELTONA FL 32725

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 PD ☒ Delete  
NAME HUGHES, KATI  
STREET ADDRESS 377 RUGH JENNINGS DR  
CITY-ST-ZIP DEBARY FL 32713

TITLE PD ☒ Change ☐ Addition  
NAME RUDOLPH, JOSEPH  
STREET ADDRESS 18A FLORABUNDA  
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE VD ☒ Delete  
NAME HUGHES, KATI  
STREET ADDRESS 377 RUTH JENNINGS DR  
CITY-ST-ZIP DEBARY FL 32713

TITLE PED ☒ Change ☐ Addition  
NAME BRIDGEMAN, DAVID  
STREET ADDRESS P.O. BOX 741660  
CITY-ST-ZIP ORANGE CITY, FL. 32774-1660

TITLE TD ☒ Delete  
NAME WRIGHT, GARY S  
STREET ADDRESS 301 N VOLUSIA AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VP ☒ Change ☐ Addition  
NAME BACOM, DEBORAH  
STREET ADDRESS 425 S. Volusia Ave.  
CITY-ST-ZIP Orange City, FL 32763

TITLE PED ☒ Delete  
NAME RUDOLPH, JOE  
STREET ADDRESS 18A FLORABUNDA  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE T/S ☒ Change ☐ Addition  
NAME BEVIS, ROBERT  
STREET ADDRESS P. O. Box 6001  
CITY-ST-ZIP DeLand, FL 32723-6001

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

04-03-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)