

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2001 08:00 AM  
Secretary of State

DOCUMENT # N97000001880

1. Entity Name  
HALIFAX FISH COMMUNITY HEALTH, INC.

Principal Place of Business  
1041 DUNLAWTON AVE.  
PORT ORANGE FL 32127 US

Mailing Address  
303 N CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH FL 32114 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
59-3457640

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

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
DAVIDSON DAVID J  
303 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114 US

7. Name and Address of New 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 01/16/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANSFIELD MARY J			NAME			
STREET ADDRESS	864 PENINSULA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE	C/D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECK EDWIN WJR			NAME	PECK EDWIN WJR		
STREET ADDRESS	2430 S ATLANTIC AVE, STE F			STREET ADDRESS	2430 S ATLANTIC AVE, STE F		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118			CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT PEROMNIA			NAME			
STREET ADDRESS	1632 FIFTH ST			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32117			CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELSTON ROBERT C			NAME	HALL NORA		
STREET ADDRESS	1281 US HIGHWAY 1			STREET ADDRESS	1316 OVERBROOK DRIVE		
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVINGTON SYLVESTER			NAME			
STREET ADDRESS	663 MADISON AVE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES STEVEN M.D.			NAME			
STREET ADDRESS	303 NORTH CLYDE MORRIS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			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)(f), 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: EDWIN W. PECK, JR. D 01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

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**GLENN RITCHEY**  
**551 NORTH NOVA ROAD**

**DAYTONA BEACH, FL 32114**

**WILLIAM L. ROSS, JR. (S/D)**  
**221 NORTH CAUSEWAY, SUITE A**

**NEW SMYRNA BEACH, FL 32169**

**MICHAEL B. RENFROE (D)**  
**240 NORTH BROOKS CIRCLE**

**OAK HILL, FL 32759**

**RUSSELL E. PERRY, M.D. (D)**  
**406A PALMETTO STREET**

**NEW SMYRNA BEACH, FL 32168**

**THOMAS OWNBY, M.D. (D)**  
**510 PALMETTO STREET**

**NEW SMYRNA BEACH, FL 32168**

**ARDEN W. KELLEY (C/D)**  
**1025 SOUTH GLENCOE ROAD**

**NEW SMYRNA BEACH, FL 32168**

**FRANCES R. FORD (D)**  
**513 NORTH RIVERSIDE DRIVE**

**EDGEWATER, FL 32132**

**RICHARD BAILEY (D)**  
**1304 JULIA STREET**

**NEW SMYRNA BEACH, FL 32168**

**STANSFIELD, MARY JO (T/D)**  
**864 PENINSULA DRIVE**

**ORMOND BEACH, FL 32174**