

DOCUMENT # N97000003979

1. Entity Name

PORT ORANGE FAMILY DAYS INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90252 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1000 CITY CENTER CIRCLE  
PORT ORANGE FL 32119

PO BOX 290061  
PORT ORANGE FL 32129-0061  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3466762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH FL 32115-2491

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 PT ☒ Delete  
NAME QUEVEDO, IVAN V  
STREET ADDRESS C/O 96 CHICKADEE DR  
CITY-ST-ZIP PORT ORANGE FL 32127-4768

TITLE Pat Pensak ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 5800 Victoria Gardens Blvd  
CITY-ST-ZIP Port Orange FL 32127

TITLE DP ☒ Delete  
NAME ATWEED, PETE  
STREET ADDRESS 807 WOOD PORT DR  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TO ☐ Change ☒ Addition  
NAME Robin Lasky  
STREET ADDRESS 4900 S. Clyde Morris Blvd  
CITY-ST-ZIP Port Orange FL 32119

TITLE DT ☒ Delete  
NAME PENSAK, PAT  
STREET ADDRESS 5800 VICTORIA GARDENS BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE SD ☐ Change ☒ Addition  
NAME Jane Thomas  
STREET ADDRESS 5800 Victoria Gardens Blvd  
CITY-ST-ZIP Port Orange FL 32127

TITLE DS ☒ Delete  
NAME ADAIR, RITA C  
STREET ADDRESS 713 NORMANDY BLVD.  
CITY-ST-ZIP PORT ORANGE FL 32127-5598

TITLE VD ☐ Change ☒ Addition  
NAME Peter Atwood  
STREET ADDRESS 807 Wood Port Dr  
CITY-ST-ZIP Port Orange FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Brenda Mizner  
STREET ADDRESS 815 Clyde Morris Blvd  
CITY-ST-ZIP Port Orange FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Jerry Borich  
STREET ADDRESS 950 Sand Crest Dr  
CITY-ST-ZIP Port Orange FL 32127

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

Date

Daytime Phone #

11/1/99 904-290-4249

CR2E037 (9/99)