

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003979

1. Entity Name

PORT ORANGE FAMILY DAYS INC.

Principal Place of Business

1000 CITY CENTER CIRCLE
PORT ORANGE FL 32119

Mailing Address

PO BOX 290061
PORT ORANGE FL 32129-0061
US

2. Principal Place of Business

5656 Isabelle Ave

Suite, Apt. #, etc.

Suite 12

City & State

Port Orange FL

Zip

32127

Country

USA

3. Mailing Address

5656 Isabelle Ave

Suite, Apt. #, etc.

Suite 12

City & State

Port Orange FL

Zip

32127

Country

USA

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90049 018 ****61.25

601683



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3466762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENSAK, PAT	
STREET ADDRESS	5800 VICTORIA GARDENS BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LASKS, ROBIN	
STREET ADDRESS	4900 S CLYDE MORRIS BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOWAS, JANE	
STREET ADDRESS	5800 VICTORIA GARDENS BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ATWOOD, PETER	
STREET ADDRESS	807 WOODPORT DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIZNER, BRENDA	
STREET ADDRESS	84815 CLYDE MORRIS BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORICH, JERRY	
STREET ADDRESS	950 SAND CREST DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pensak Pat	
STREET ADDRESS	5800 Victoria Gardens Blvd	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lasky Robin	
STREET ADDRESS	4900 S. Clyde Morris Blvd	
CITY-ST-ZIP	Port Orange 32119	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell Elton	
STREET ADDRESS	624 English Oaks	
CITY-ST-ZIP	Port Orange 32127	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Lisa	
STREET ADDRESS	1590 Dunlanton Ave.	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mizner Brenda	
STREET ADDRESS	4815 Clyde Morris Blvd	
CITY-ST-ZIP	Port Orange FL 32119	
TITLE	Thomson	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Peter Atwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

904290 4249

0008120

CR2E037 (10/00)