

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003979

1. Entity Name

PORT ORANGE FAMILY DAYS INC.

Principal Place of Business

5656 ISABELLE AVE
SUITE 12
PORT ORANGE FL 32127

Mailing Address

5656 ISABELLE AVE
SUITE 12
PORT ORANGE FL 32127
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

59-3466762

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENSAC, PAT
5800 VISTORIA GARDENS BLVD
PORT ORANGE FL 32127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LASKS, ROBIN
4900 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Thomas Lisa
1590 Da-lawton Ave
Port Orange FL 32127 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LASKY, ROBIN
4900 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Douglas Jordan
214 Sand Pebble Cir
Port Orange FL 32129 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ATWOOD, PETER
807 WOODPORT DR
PORT ORANGE FL 32127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MIZNER, BRENDA
84815 CLYDE MORRIS BLVD
PORT ORANGE FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Mizner Brenda
4815 Clyde Morris Blvd
Port Orange FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BORICH, JERRY
950 SAND CREST DR
PORT ORANGE FL 32127 ☐ Delete

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

[Signature]
Daytime Phone #

CR2E037 (9/01)