

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90085 012 ****61.25

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**

90004639



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **DP** ☒ Delete
NAME **THOMAS, LISA**
STREET ADDRESS **1570 DALANTA AVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
NAME **Lisa Thomas**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **D. Lisa Thomas**
STREET ADDRESS **1570 Danlenton Ave**
CITY-ST-ZIP **Port Orange FL 32127**

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

TITLE ☐ Change ☐ Addition
NAME **P. Al Bell**
STREET ADDRESS **624 English Oaks**
CITY-ST-ZIP **Port Orange FL 32127**

TITLE **D** ☐ Delete
NAME **MIZNER, BRENDA**
STREET ADDRESS **4815 CLYDE MORRIS BLVD**
CITY-ST-ZIP **PORT ORANGE FL 32119**

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

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

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
Peter Atwood

1/11/02 744 566 4109

CR2E037 (10/02)