

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003181

1. Entity Name

MORNING STAR CHAPEL OF DELAND, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90381 014 ****61.25

H0017537



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1520 EAST VOORHIS AVENUE
DELAND FL 32724

Mailing Address
1520 EAST VOORHIS AVENUE
DELAND FL 32724-5736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3515017

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRIOLO, PETER C JR.
2468 OLEANDER ROAD
DELAND FL 32724

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	D	<input type="checkbox"/> Delete
NAME	DUCLOS, JOHN P	
STREET ADDRESS	1600 SALVADORE STREET	
CITY-ST-ZIP	GLENWOOD FL 32722	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAFT, THOMAS	
STREET ADDRESS	3335 KENDRICK AVE.	
CITY-ST-ZIP	GLENWOOD FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERN, EDDIE	
STREET ADDRESS	40746 CREST LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIOLO, PETER C JR.	
STREET ADDRESS	2468 OLEANDER ROAD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPLIN, WALTER	
STREET ADDRESS	1812 TALMADGE STREET	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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, 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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER C JR. TRIOLO

1/24/00

904-736-6000