

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003181

1. Entity Name

MORNING STAR CHAPEL OF DELAND, INC.

Principal Place of Business

1520 EAST VOORHIS AVENUE  
DELAND FL 32724

Mailing Address

1520 EAST VOORHIS AVENUE  
DELAND FL 32724

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

59-3515017

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

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 type 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 ☐ Delete  
DUCLOS, JOHN P  
STREET ADDRESS 1600 SALVADORE STREET  
CITY-ST-ZIP GLENWOOD FL 32722

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

TITLE NAME ☐ Delete  
D CRAFT, THOMAS  
STREET ADDRESS 3335 KENDRICK AVE.  
CITY-ST-ZIP GLENWOOD FL 32720

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

TITLE NAME ☐ Delete  
D HERN, EDDIE  
STREET ADDRESS 40746 CREST LANE  
CITY-ST-ZIP EUSTIS FL 32736

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

TITLE NAME ☐ Delete  
D TRIOLO, PETER C JR.  
STREET ADDRESS 2468 OLEANDER ROAD  
CITY-ST-ZIP DELAND FL 32724

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

TITLE NAME ☐ Delete  
D KOPLIN, WALTER  
STREET ADDRESS 1812 TALMADGE STREET  
CITY-ST-ZIP DELAND FL 32724

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

904-943-8277

Daytime Phone #

CR2E037 (10/00)

002650

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90009 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE