

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005706****1. Entity Name**FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION/GREAT
R DAYTONA BEACH CHAPTER, INC.**Principal Place of Business**

5414 TURTON LA.

PORT ORANGE
321275584

FL

Mailing Address

5414 TURTON LA.

PORT ORANGE
321275584

FL

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**59-0301234**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CARROLL PAULA A
5414 TURTON LA.PORT ORANGE
321275584

FL

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 **PAULA A CARROLL****05/07/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	LLOYD JANICE	850 N. NOVA RD.	DAYTONA BEACH FL 32117				
DVP	PAUL SARA	2050 S. RIDGEWOOD AVE. #F4	DAYTONA BEACH FL 32119				
T	CARROLL PAULA A	5414 TURTON LANE	PORT ORANGE FL 32127				
VP	GENSER HOWARD	P.O.BOX 1274	DELAND FL 32721				
EVP	SPEEGLE ROBERT L	450 LAKE BRIDGE DRIVE	ORMOND BEACH FL 32174				
P	RIO FERNANDO	1332 FAIRWAY AVE	CREMONA BEACH FL 32174				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fernando Rio****P****05/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)