

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91595 002 ****61.25

DOCUMENT # N98000005706

1. Entity Name

**FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION/
 GREATER DAYTONA BEACH CHAPTER, INC.**

Principal Place of Business

Mailing Address

5414 TURTON LA.
 PORT ORANGE FL 32127-5584

5414 TURTON LA.
 PORT ORANGE FL 32127-5584

2. Principal Place of Business

3. Mailing Address

5414 TURTON LANE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ORANGE,

City & State

City & State

FL.

Zip

Country

32127-5548

Zip

Country

4. FEI Number

59-0301234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, PAULA A
 5414 TURTON LA.
 PORT ORANGE FL 32127-5584

Name

(SAME AS ABOVE)

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 FMPTA/VOLUNTARY - DAYTONA*

April 9, 2002

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JANICE	
STREET ADDRESS	1209 SAMES TERR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERI ALBERQUEQUE, SHERI	
STREET ADDRESS	74 JENNIFER CIRCLE	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG PRICE	
STREET ADDRESS	166 SWEETGUM LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, PAULA A.	
STREET ADDRESS	5414 TURTON LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32127-5548	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH TUCKER SMERROSKI	
STREET ADDRESS	111 OCEANAIRE TERR	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> 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: *PAULA A. CARROLL (Paula Carroll)* APRIL 9, 2002 (386) 756-2098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)