2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90054 001 ****61.25
03-17-2000 90054 002 *****8.75

DOCUMENT # N99000000228

1. Entity Name

NAMI VOLUSIA / FLAGLER, INC.

Principal Place of Business	Mailing Address
595 N. NOVA ROAD SUITE 105 ORMOND BEACH FL 32175-5176	PO BOX 5176 ORMOND BEACH FL 32175-5176

0558

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Bldg 9, Willis Avenue	P.O. BOX 510
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Daytona Beach, FL.	FLAGER BEACH
City & State	City & State
	FL
Zip: 32114 Country: USA ~~VOLUSIA~~	Zip: 32136 Country: USA

4. FEI Number — ☒ 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
CRANE, CHERYL C 8 SHAWNEE TRAIL ORMOND BEACH FL 32174-4318	Name: WILLIAM SINGLETARY Street Address (P.O. Box Number is Not Acceptable): 104 HANSON CT. x ~~P.O. Box 5176~~ P.O. BOX 510 x ~~Ormond Beach~~ INTERLACHEN, FL 32148 City: x FLORIDA FL Zip Code: ~~32175-5176~~ 32148

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: x William J. Singletary — x 2-10-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. WILLIAM SINGLETARY 104 HANSON CT. INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANN SINGLETARY SECRETARY 104 HANSON CT. INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MYRNA ROSE VICE PRESIDENT PO BOX 2357 NEW SMYRNA BEACH, FL 32170-2357	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LINDA MURPHY 7 Cayuse Ct PALM COAST, FLORIDA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD of DIRECTORS CHERYL CRANE PO BOX 5176 ORMOND Beach FL 32175-5176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD of DIRECTORS MIKE CRANE POBOX 5176 ORMOND BEACH, FL 32175-5176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: x Linda C. Murphy Treasurer — x 2-10-00 — x 904-446-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #