2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **N99000000228**

1. Entity Name
NAMI VOLUSIA / FLAGLER, INC.

Principal Place of Business	Mailing Address
WILLIS AVENUE- BLDG 9	PO BOX 510
DAYTONA BEACH FL 32114	FLAGLER BEACH FL 32136

2. Principal Place of Business	3. Mailing Address
	306 LINCOLN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NEW SMYRNA BEACH FL
Zip / Country	Zip: 32169 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3647007** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGLETARY WILLIAM
104 HANSON CT

INTERLACHEN FL
32148

7. Name and Address of New Registered Agent

Name
ROSE MYRNA

Street Address (P.O. Box Number is Not Acceptable)
306 LINCOLN AVENUE

City: NEW SMYRNA BEACH **FL** Zip Code: 32169

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 **MYRNA ROSE** **04/27/2001**
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	BOD	☐ Delete		TITLE	BOD	☒ Change	☐ Addition
NAME	CRANE MIKE			NAME	SINGLETARY DIANN		
STREET ADDRESS	P O BOX 5176			STREET ADDRESS	104 HANSON CT.		
CITY-ST-ZIP	ORMOND BCH	FL	321755176	CITY-ST-ZIP	INTERLACHEN	FL	32148
TITLE	BOD	☐ Delete		TITLE	BOD	☒ Change	☐ Addition
NAME	CRANE CHERYL			NAME	SINGLETARY WILLIAM		
STREET ADDRESS	P O BOX 5176			STREET ADDRESS	104 HANSON CT.		
CITY-ST-ZIP	ORMOND BCH	FL	321755176	CITY-ST-ZIP	INTERLACHEN	FL	32148
TITLE	T	☐ Delete		TITLE	T	☒ Change	☐ Addition
NAME	MURPHY LINDA			NAME	JOHNSTON LUANNE		
STREET ADDRESS	7 CAYOSE CT			STREET ADDRESS	POBOX 1325		
CITY-ST-ZIP	PALM COAST	FL		CITY-ST-ZIP	BUNNELL	FL	32110
TITLE	VP	☐ Delete		TITLE	S	☒ Change	☐ Addition
NAME	ROSE MYRNA			NAME	BROWN NANCY		
STREET ADDRESS	104 HANSON CT			STREET ADDRESS	80 JENNIFER CIRCLE		
CITY-ST-ZIP	INTERLACHEN	FL	32148	CITY-ST-ZIP	PONCE INLET	FL	32127
TITLE	S	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	SINGLETARY DIANN			NAME	MURPHY LINDA		
STREET ADDRESS	104 HANSON CT			STREET ADDRESS	7 CAYOSE CT		
CITY-ST-ZIP	INTERLACHEN	FL	32148	CITY-ST-ZIP	PALM COAST	FL	32137
TITLE	P	☐ Delete		TITLE	P	☒ Change	☐ Addition
NAME	SINGLETARY WILLIAM			NAME	ROSE MYRNA		
STREET ADDRESS	104 HANSON CT			STREET ADDRESS	306 LINCOLN AVENUE		
CITY-ST-ZIP	INTERLACHEN	FL	32148	CITY-ST-ZIP	NEW SMYRNA BEACH	FL	32169

CR2E037 (11/00)

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: MYRNA ROSE PRES 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #