

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001969

1. Entity Name

VOLUSIA SUBSTITUTE TEACHER ORGANIZATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90075 050 ****61.25

Principal Place of Business

Mailing Address

807 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

807 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169-2826

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

59.3612172

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

~~BOWMAN, DIANN P~~
807 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

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, 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 PD ☐ Delete
NAME BOWMAN, DIANN P
STREET ADDRESS 807 S. ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D ☒ Change ☐ Addition
NAME NATIONAL Conference Rep.
STREET ADDRESS Bowman, Diann P.
CITY-ST-ZIP 807 S. Atlantic Ave.
New Smyrna Bch, FL 32169

TITLE VPB- PRESIDENT 2000 ☐ Delete
NAME NIELAND, JAMES P JR.
STREET ADDRESS 209 ROBINSON AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE P ☒ Change ☐ Addition
NAME PRES.
STREET ADDRESS Nieland, James P. Jr.
CITY-ST-ZIP 209 Robinson Ave.
New Smyrna Bch, FL 32169

TITLE SD ☒ Delete
NAME NORDHEIM, MELINDA
STREET ADDRESS POST OFFICE BOX 1048 N/A
CITY-ST-ZIP NEW SMYRNA BEACH FL 32170

TITLE S ☒ Change ☐ Addition
NAME SEC
STREET ADDRESS Melodie Welch
CITY-ST-ZIP 5765 Fox Talbot Rd.
Deleau Springs, FL 32130

TITLE TD ☒ Delete
NAME LOVE, BIANCA
STREET ADDRESS 305 S. PENINSULA AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE T ☒ Change ☐ Addition
NAME TREAS
STREET ADDRESS Stephanie Carbone-De Paolo
CITY-ST-ZIP 705 Vardon Ave.
Deltona, FL 32738

TITLE D ☒ Delete
NAME BOWMAN, PAUL
STREET ADDRESS 807 S. ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE V ☒ Change ☐ Addition
NAME V. PRES
STREET ADDRESS LAURA CLOCE
CITY-ST-ZIP 30 Box 1341
Edgewater, FL 32132

TITLE D ☐ Delete
NAME PAGE, ROBERT A
STREET ADDRESS 46 TURN CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127

TITLE D ☐ Change ☐ Addition
NAME Page, Robert A
STREET ADDRESS 46 Turn Circle
CITY-ST-ZIP Ponce Inlet, FL 32127

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:

Diann P. Bowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.00

Date

Daytime Phone #

CR2E037 (9/99)