

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004889

1. Entity Name

VOLUSIA/FLAGLER SUBSTANCE ABUSE COORDINATING COU

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90038 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

245 SOUTH AMELIA AVENUE  
DELAND FL 32724

245 SOUTH AMELIA AVENUE  
DELAND FL 32724-5913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

ASTRID DE PARRY, P.A.  
107 EAST CHURCH STREET  
DELAND FL 32724

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>P/C</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		John SIMMONS 245 South Amelia Ave Deland, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>VP</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Jerry Thompson 308 South DR HLK Blvd DAYTONA BEACH, FL 32115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Ted Seabousek 3875 Tiger Bay Rd DAYTONA Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>S</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		ANN ROGERS FOX 804 N Woodland Blvd Deland, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		ERNEST CANTLEY 3875 Tiger Bay Rd DAYTONA Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		SHERYL CRANE 1220 Willis Ave DAYTONA Beach, FL 32114	

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:

*SIGNATURE REQUIRED*

5/23/00

(904) 734-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Attachment  
D. Haggard 08/20/22

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Randy Croy  
308 South Dr. MLK Blvd.  
Daytona Beach, FL 32115

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
William DeNight  
3875 Tiger Bay Road  
Daytona Beach, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Wayne Dreggors  
1220 Willis Avenue  
Daytona Beach, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Mark Grantham  
804 North Woodland Blvd.  
DeLand, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Nora Hall  
308 South Dr. MLK Blvd.  
Daytona Beach, FL 32115

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Pete La Rosa  
1220 Willis Avenue  
Daytona Beach, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Dr. John Schorr  
245 South Amelia Avenue  
DeLand, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Dr. Steven Segner  
245 South Amelia Avenue  
DeLand, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Elizabeth Welebob  
804 North Woodland Blvd.  
DeLand, FL 32720