

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005258

1. Entity Name

DAYTONA BMX, INC.

R

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 034 ****61.25

Principal Place of Business

3428 COUNTRY WALK DRIVE
PORT ORANGE FL 32119

Mailing Address

3428 COUNTRY WALK DRIVE
PORT ORANGE FL 32119

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

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

CACCAVALE, KELLY
3428 COUNTRY WALK DRIVE
PORT ORANGE FL 32119

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: *Kelly D. Caccavale*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-30-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 SD ☐ Delete
NAME CACCAVALE, KELLY
STREET ADDRESS 3428 COUNTRY WALK DRIVE
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE V ☐ Change ☒ Addition
NAME Westberry Roy L Jr
STREET ADDRESS 261 ADAMS ST OAK Hill FL 32579
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME SHAUGHNESSY, TERRY
STREET ADDRESS 1907 SUNNY PALM DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME VAISSIERE, BRIDGET
STREET ADDRESS 202 NORTH OLD COUNTY ROAD
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME LEMOYNE, WES
STREET ADDRESS 1907 SUNNY PALM DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Roy L. Westberry Jr* **8-30-00** **904-304-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)