

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006832

1. Entity Name

Volusia Redevelopment Parking Corporation

Principal Place of Business

Mailing Address

c/o Sidney S. Simmons II, Esq.
1 Independent Dr. Suite 3200
Jacksonville, FL 32202-5026

c/o Sidney S. Simmons II, Esq.
1 Independent Dr. Suite 3200
Jacksonville, FL 32202-5026

2. Principal Place of Business

c/o Jonathan D. Kaney Jr.
Cobb Cole & Bell

Mailing Address

c/o Jonathan D. Kaney Jr.
Cobb Cole & Bell

Suite, Apt. #, etc.

10 Magnolia Ave.

Suite, Apt. #, etc.

P.O. Box 2491

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

31-1679898

Applied For

Not Applicable

Zip

32114

Country

U.S.

Zip

32115-2491

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Allen, Brinton, Simmons & McCarthy, P.A.
1 Independent Dr., Suite 3200
Jacksonville, FL 32202

7. Name and Address of New Registered Agent

Name

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

City

Daytona Beach,

FL

Zip Code

32114

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard M. Kelton	
STREET ADDRESS	123 W. Indiana Avenue	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Coleman	
STREET ADDRESS	P.O. Box 2851	
CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carey Smith	
STREET ADDRESS	P.O. Box 2451	
CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Karamitos	
STREET ADDRESS	635 N. Atlantic Avenue	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Mirabal	
STREET ADDRESS	P.O. Box 2475	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Kelton, President

Date

Daytime Phone #

4/24/00

CR2E034 (9/99)