

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006108

1. Entity Name

DAYTONA BEACH TOURIST BUREAU INC.

APPROVED
AND
FILED

02 MAY 20 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 PARKSIDE WAY

Suite, Apt. #, etc.

C

3. Mailing Address

3 Parksideway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH FL

City & State

ORMOND Bch FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGAL + ULTRERA PA

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

343 ALMERIA AVE

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DIANE MORGAN
3 PARKSIDE WAY
ORMOND Bch FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400005677654--
-06/04/02--01061--006
****450.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY / TREASURER
CURTIS W SATTENFIELD
3 PARKSIDE WAY
ORMOND Bch FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 386-673-9797
Date Daytime Phone #

CR2E034B (12/01)