

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90123 039 \*\*\*150.00

0674706 FP

**DOCUMENT # P01000031795**

1. Entity Name

DAYTONA BEACH VOLLEYBALL CLUB, INC.



Principal Place of Business

ATHLETIC DEPT., 600 CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3900

Mailing Address

ATHLETIC DEPT., 600 CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3900

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

59-3553616

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KEETON, TRINA

1690 DUNN AVE., #887 #911

DAYTONA BEACH FL 32114

Name

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

SEE APT. # CHANGE

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KEETON, TRINA  
1690 DUNN AVE., #887 #911  
DAYTONA BEACH FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEE APT. # CHANGE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SMALLING, ALLISON  
3645 NANTUCKET ISLAND DR #203  
DAYTONA BEACH FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMALLING, ALISON  
1805 Deer Springs Rd.  
Port Orange, FL 32129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GEIGER, LINDA  
8 SUGAR MILL LN.  
FLAGLER BEACH FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

(386)316-4327

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

90144972

PO1000031795

To Whom It May Concern:

My name is Trina Keeton. I've recently received a follow-up 2003 Uniform Business Report. The new due date is September 10, 2003. I thought for certain I had already sent in my check for \$150 in late April. Upon flipping through my records, I discovered the unsent report with the check still inside.

In late December of 2002, I lost a baby. I was 5 months pregnant. Once I returned to work I thought I'd caught up on everything. Forgetting to send in the report was an oversight on my part. It was a tough holiday season as well as a tough way to start 2003. If you need me to send proof of my loss, I will send it immediately. Please waive the late fees. I cannot afford to pay the \$550.

Please review my records and let me know the outcome. I will appreciate anything you can do for me.

Thank you in advance for your time.

Sincerely,



Trina Keeton