

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90227 036 ***150.00

DOCUMENT # P92000009801

1. Entity Name
1575 RENTAL ASSOCIATION, INC.

Principal Place of Business
1575 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

Mailing Address
1575 OCEAN SHORE BLVD
#101
ORMOND BEACH FL 32176

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 **59-3162056**

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

DURNIN, GLORIA
1575 OCEAN SHORE BLVD
UNIT 101
ORMOND BEACH FL 32176

Name **EARL FIRKEL**

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

1575 OCEAN SHORE BLVD 101

City **ORMOND BEACH**

FL

Zip Code **32176**

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 *Earl Firkel* **EARL FIRKEL**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ **Delete**
NAME **HODGES, BOB**
STREET ADDRESS **1445 COUNTY RD #427 N**
CITY-ST-ZIP **LONGWOOD FL 32176**

TITLE **DP** ☐ **Change** ☒ **Addition**
NAME **GREENE, SANDEE**
STREET ADDRESS **1575 OCEAN SHORE BLVD 601**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **SD** ☒ **Delete**
NAME **PASE, DEBORAH**
STREET ADDRESS **385 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **SD** ☒ **Change** ☐ **Addition**
NAME **PAGE, DEBORAH**
STREET ADDRESS **385 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32127**

TITLE **VTD** ☒ **Delete**
NAME **DURNIN, GLORIA**
STREET ADDRESS **1575 OCEAN SHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **VTD** ☐ **Change** ☒ **Addition**
NAME **VAUGHAN, PAT**
STREET ADDRESS **1575 OCEAN SHORE BLVD 606**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: *Sandee Greene* **SANDEE GREEN** *2/20/02* *517-846-9242*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)