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FILED

Apr 28, 2002 8:00 am  
Secretary of State

03-18-2002 90189 024 \*\*\*158.75

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088350

1. Entity Name

M.M.H. OF VOLUSIA COUNTY, INC.

Principal Place of Business

2017 S RIDGEWOOD AVE  
S DAYTONA FL 32119

Mailing Address

2017 S RIDGEWOOD AVE  
S DAYTONA FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3216346

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MOORE, GARY W  
2017 S RIDGEWOOD AVE  
S DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name: Barry L. Moore  
Street Address (P.O. Box Number is Not Acceptable)  
2017 S. Ridgewood Ave  
City: Daytona FL Zip Code: 32119

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 \$150.00 158.75  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, GARY W	
STREET ADDRESS	625 PINE CONE TR	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOORE, BARRY L	
STREET ADDRESS	501 CHERRYWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBERT, JAMES R	
STREET ADDRESS	696 TUMBLEBROOK DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
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	VP/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY W. MOORE	
STREET ADDRESS	625 PINE CONE TRAIL	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	Pres/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY L. MOORE	
STREET ADDRESS	6100 PHEASANT RIDGE DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE	Secy/Treas/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. HUBERT	
STREET ADDRESS	696 TUMBLEBROOK DR	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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

Date

Daytime Phone #

SIGNATURE: Barry L. Moore, Pres 3-1-02 386-761-9982

CR2034 (9/01)