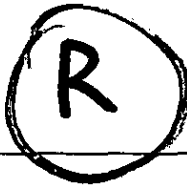


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031478

1. Entity Name

CALIFORNIA CITY SDI COMMITTEE, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90031 011 ***150.00

Principal Place of Business

P O BOX 1940
NEW SMYRNA BEACH FL 32170

Mailing Address

P O BOX 1940
NEW SMYRNA BEACH FL 32170

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 **59-3243801**

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

STORCH, GLENN D
1620 S CLYDE MORRIS BLVD
SUITE 300
DAYTONA BEACH FL 32119

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D HENRY GAUSE**
STREET ADDRESS **299 BLVD DES PINS**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

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:

Henry Gause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment DOC# PA 4000031478
DW 86891

Kenneth R. Kresge CPA, PA

CERTIFIED PUBLIC ACCOUNTANT

403 Anastasia Blvd.
Suite 1
St. Augustine, Florida 32084

(904) 824-0193
(904) 824-0213
FAX (904) 825-1148

September 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

California City SDI Committee, Inc.
59-3243801

Dear Sir or Madam:

This letter is being sent on behalf of the taxpayer, in regards to the 2000 Uniform Business Report. We have enclosed a check for \$150.00, in hopes that the division will wave the \$400.00 late filing fee due to the fact that Mr. Gause never received the first notice. If there is any further information needed or any questions concerning this matter, please feel free to contact me at one of the above numbers. Thanking you in advance for your cooperation in this matter.

Sincerely,

Kenneth Kresge CPA, PA

Kenneth R. Kresge CPA, PA