

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033071

1. Entity Name

SCL OF DAYTONA, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90040 047 \*\*\*158.75

Principal Place of Business

918  
900 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32114

Mailing Address

918  
900 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32114-3559

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona FL  
32114 Volusia

City & State

Daytona FL  
32114 Volusia

4. FEI Number

59-3573560-150012

Applied For  
Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RONALD N  
326 S GRANDVIEW AVE.  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

NONE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | SMITH, ROBERT W        |                                 |
| STREET ADDRESS | 831 WINCHESTER ST.     |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114 |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | NEWSOME, CHARLES B     |                                 |
| STREET ADDRESS | 205 JEFFERSON ST.      |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114 |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | CHARLTON, LEONARD L    |                                 |
| STREET ADDRESS | 830 WINCHESTER ST.     |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114 |                                 |
| 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          | <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    |                                                                   |
| 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    |                                                                   |
| 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 #

3-4-00

904-323-7787

CR2E034 (9/99)