

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747513**

1. Entity Name

**E.A.A. 635, OF DELAND, FLORIDA, INC.**

**FILED**

**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90002 001 \*\*\*\*70.00

Principal Place of Business

**C/O BOB LEE AIRPORT CR 15A  
P. O. BOX 843  
DELAND FL 32721-7843**

Mailing Address

**WILLIAM G. RACE  
20 LAZY EIGHT DR.  
DAYTONA BEACH FL 32124-6716  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2589636**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RACE, WILLIAM G.  
20 LAZY EIGHT DR.  
C.R. 15A, P.O. BOX 843  
DAYTONA BEACH FL 32124**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **VICKERS, VAN**  
CITY-ST-ZIP **20 SACKETT RD  
DEBARY FL 32713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ECT**  
STREET ADDRESS **CORNWELL, O H**  
CITY-ST-ZIP **907 E RICH AVE  
DELAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **JAMIESON, CHARLES M.**  
CITY-ST-ZIP **506 HOGLE  
DELAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VONBERWITZ, B F**  
CITY-ST-ZIP **3153 WHISPER BLVD.  
DELAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **RACE, WILLIAM G.**  
CITY-ST-ZIP **20 LAZY EIGHT DR.  
DAYTONA BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BROWN, CALVIN**  
CITY-ST-ZIP **2678 WILMHURST RD  
DELAND FL 32720-1469**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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: WILLIAM G. RACE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2001 914-784-0074  
Date Daytime Phone #

CR2E037 (10/00)