

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744384

1. Entity Name

PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90204 049 ****61.25

Principal Place of Business

DAYTONA BEACH PUBLIC LIBRARY
CITY ISLAND
DAYTONA BEACH FL 32114
US

Mailing Address

MCCOY, BETTY L.
2967 SOUTH ATLANTIC AVE., #901
DAYTONA BCH. SHRS. FL 32118-6036
US

00003404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

HOPE B. BUSH

Suite, Apt. #, etc.

41 SYCAMORE CIRCLE

City & State

ORMOND BEACH, FL

Zip

32174

Country

FLORIDA

4. FEI Number

59-1946356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOY, BETTY L.
2967 S. ATLANTIC AVE., #901
DAYTONA BEACH FL 3118

7. Name and Address of New Registered Agent

Name

HOPE B. BUSH

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

41 SYCAMORE CIRCLE

City

ORMOND BEACH FL

Zip Code

32174

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

HOPE B. BUSH

Hope B. Bush

1/10/2000

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

TITLE P ☒ Delete
NAME BOWLES, DOTTIE
STREET ADDRESS 953 DUNCAN RD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE VP ☒ Delete
NAME BROWNING, MARY
STREET ADDRESS 160 N HALIFAX DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE RSD ☒ Delete
NAME MCCONNELL, JANE
STREET ADDRESS 4454 S ATLANTIC AVE #114
CITY-ST-ZIP PONCE INLET FL 32127

TITLE CSD ☒ Delete
NAME LITTLEFIELD, JOAN
STREET ADDRESS 112 VENETIAN WAY
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE TD ☒ Delete
NAME MCCOY, BETTY L.
STREET ADDRESS 2967 S. ATLANTIC AVE., #901
CITY-ST-ZIP DAYTONA BEACH SHRS FL

TITLE ATD ☐ Delete
NAME SMITH, BETTY
STREET ADDRESS 349 WATER OAK LN
CITY-ST-ZIP ORMOND BEACH FL 32174
(NO CHANGE)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME FOSTER, VIRGINIA
STREET ADDRESS 3 WATERFRONT COURT
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VICE-PRES ☐ Change ☒ Addition
NAME WORKMAN, PAT
STREET ADDRESS 907 WOODMERE CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE RECORDING SECRETARY ☐ Change ☒ Addition
NAME ROMAN, BARBARA
STREET ADDRESS 23 TALAQUAH BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE CORRESPONDING SECRETARY ☐ Change ☒ Addition
NAME PARKER, BETTY
STREET ADDRESS 2115 S. PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE TREASURER ☐ Change ☒ Addition
NAME BUSH, HOPE B.
STREET ADDRESS 41 SYCAMORE CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ASST. TREAS ☐ Change ☐ Addition
NAME SMITH, BETTY
STREET ADDRESS (SAME AS IN Box 10)
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:

SIGNATURE RECEIVED (HOPE B. BUSH)

Date

Daytime Phone #

1/10/2000

(904)
677-3199