

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744384

1. Entity Name

PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC.

Principal Place of Business

DAYTONA BEACH PUBLIC LIBRARY  
CITY ISLAND  
DAYTONA BEACH FL 32114  
US

Mailing Address

HOPE B. BUSH  
41 SYCAMORE CIRCLE  
ORMOND BEACH FL 32174  
US

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

59-1946356

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

BUSH, HOPE B  
41 SYCAMORE CIRCLE  
ORMOND BEACH FL 32174

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input checked="" type="checkbox"/> Delete |
| NAME           | FOSTER, VIRGINIA       |  |
| STREET ADDRESS | 3 WATERFRONT CT        |  |
| CITY-ST-ZIP    | ORMOND BEACH FL 32174  |  |
| TITLE          | VP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WORKMAN, PAT           |  |
| STREET ADDRESS | 907 WOODMERE CR        |  |
| CITY-ST-ZIP    | ORMOND BEACH FL 32174  |  |
| TITLE          | RS                     | <input type="checkbox"/> Delete            |
| NAME           | ROMAN, BARBARA         |  |
| STREET ADDRESS | 23 TALAQUAH BLVD       |  |
| CITY-ST-ZIP    | ORMOND BEACH FL 32174  |  |
| TITLE          | CSD                    | <input type="checkbox"/> Delete            |
| NAME           | PARKER, BETTY          |  |
| STREET ADDRESS | 2115 S PENINSULA DR    |  |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32118 |  |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | BUCH, HOPE B           |  |
| STREET ADDRESS | 41 SYCAMORE CIRCLE     |  |
| CITY-ST-ZIP    | ORMOND BEACH FL 32174  |  |
| TITLE          | ATD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SMITH, BETTY           |  |
| STREET ADDRESS | 349 WATER OAK LN       |  |
| CITY-ST-ZIP    | ORMOND BEACH FL 32174  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PRESIDENT                | <input checked="" type="checkbox"/> Addition                                 |
| NAME           | WORKMAN, PAT             |  |
| STREET ADDRESS | 907 WOODMERE CIRCLE      |  |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174   |  |
| TITLE          | VICE PRESIDENT           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RUSSELL, FULVIA MORGELLO |  |
| STREET ADDRESS | 932 A MEADOW VIEW DR.    |  |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127    |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | TREASURER                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BUSH, HOPE B.            |  |
| STREET ADDRESS | 41 SYCAMORE CIRCLE       |  |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174   |  |
| TITLE          | ASST. TREAS.             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | THOMAS, ESTHER           |  |
| STREET ADDRESS | 9 TIFFANY CIRCLE         |  |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174   |  |

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 OF REGISTERED AGENT (HOPE B. BUSH)

1/5/01

(904) 677-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009981

CR2E037 (10/00)

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90054 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE