

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90123 028 ****61.25

DOCUMENT # 744384

1. Entity Name

PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC.

Principal Place of Business

Mailing Address

**DAYTONA BEACH PUBLIC LIBRARY
 CITY ISLAND
 DAYTONA BEACH FL 32114
 US**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 WORKMAN, PAT
 907 WOODWRE CIRCLE
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 RUSSO, FULVIA
 932 A MEADOW VIEW DR
 PORT ORANGE FL 32127** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V P
 BETTY KNOLL
 102 SPYGLASS CIRCLE
 DAYTONA BEACH, FL 32114** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**RS
 ROMAN, BARBARA
 23 TALAQUAH BLVD
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CSD
 PARKER, BETTY
 2115 S PENINSULA DR
 DAYTONA BEACH FL 32118** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CSD
 VIRGINIA FOSTER
 3 WATERFRONT CT.
 ORMOND BEACH, FL 32174** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 BUCH, HOPE B
 41 SYCAMORE CIRCLE
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ATD
 SMITH, BETTY
 9 TIFFANY CIRCLE
 ORMOND BEACH FL 32174** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ATD
 ESTHER T. THOMAS
 9 TIFFANY CIRCLE
 ORMOND BEACH, FL 32174** ☐ Change ☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hope B. Bush 1/14/02 (386) 677-3199

CR2E037 (9/01)