

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90110 042 \*\*\*\*61.25

**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

**SANDY DeCAPUA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5433 Dubois Ave.**

City & State

City & State

**Port ORANGE, FL**

Zip

Country

Zip

Country

**32127**

**USA**

6. Name and Address of Current Registered Agent

**BUSH, HOPE B  
41 SYCAMORE CIRCLE  
ORMOND BEACH FL 32174**

4. FEI Number **59-1946356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

**SANDY DeCAPUA**

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

**5433 Dubois Ave.**

City

**Port ORANGE**

**FL**

Zip Code

**32127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SANDY DeCAPUA, TREASURER**

*Sandy De Capua*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-30-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>WORKMAN, PAT</b>           |  |
| STREET ADDRESS | <b>907 WOODWRE CIRCLE</b>     |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>  |  |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>KNOLL, BETTY</b>           |  |
| STREET ADDRESS | <b>102 SPYGLASS CIRCLE</b>    |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32114</b> |  |
| TITLE          | <b>RS</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>ROMAN, BARBARA</b>         |  |
| STREET ADDRESS | <b>23 TALAQUAH BLVD</b>       |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>  |  |
| TITLE          | <b>CSD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>FOSTER, VIRGINIA</b>       |  |
| STREET ADDRESS | <b>3 WATERFRONT CT</b>        |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>  |  |
| TITLE          | <b>TD</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BUCH, HOPE B</b>           |  |
| STREET ADDRESS | <b>41 SYCAMORE CIRCLE</b>     |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>  |  |
| TITLE          | <b>ATD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>THOMAS, ESTHER</b>         |  |
| STREET ADDRESS | <b>9 TIFFANY CIRCLE</b>       |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>  |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| 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          | <b>TREASURER</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SANDY DeCAPUA</b>               |  |
| STREET ADDRESS | <b>5433 Dubois Ave</b>             |  |
| CITY-ST-ZIP    | <b>Port ORANGE, FL 32127</b>       |  |
| TITLE          | <b>Asst. TREASURER</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ALINE KLINE</b>                 |  |
| STREET ADDRESS | <b>136 FAIRVIEW AVE., APT #722</b> |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH, FL 32114</b>     |  |

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: **SANDY DeCAPUA** *Sandy De Capua*

**1-30-03**

**201 211 232**

CR2E037 (10/02)