

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27412

1. Entity Name

DELTONA HIGH SCHOOL BAND BOOSTERS' ASSOCIATION.

Principal Place of Business

100 WOLF PACK RUN
DELTONA FL 32738

Mailing Address

203 LUCERNE DR
DEBARY FL 32713-3015

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

59-2954480

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

DELADURANTEY, STEVE
100 WOLF PACK RUN
DELTONA FL 32725

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

Steve Deladurantey

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOENS, DEBRA A	
STREET ADDRESS	717 ELWOOD ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GERBES, LOUISE	
STREET ADDRESS	2624 SCOTTVILLE AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELY, MARY LYNN	
STREET ADDRESS	1339 BAILEY AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DLEKSIN, MARY ANN	
STREET ADDRESS	569 SULLIVAN ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNNE, JANICE H	
STREET ADDRESS	203 LUCERNE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Sandridge	
STREET ADDRESS	1344 Mt. Pleasant Ct.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Jacobs	
STREET ADDRESS	1164 Collins Ave.	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Williams	
STREET ADDRESS	245 DeLeon Rd.	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Rape	
STREET ADDRESS	102 Marta Rd.	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Negrón	
STREET ADDRESS	2896 Forest Edge Dr.	
CITY-ST-ZIP	Deltona, FL 32725	

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:

Janice H. Dunne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90209 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)