

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N27412**1. Entity Name
DELTONA HIGH SCHOOL BAND BOOSTERS' ASSOCIATION, INC.Principal Place of Business
100 WOLF PACK RUN
DELTONA FL 32738
Mailing Address
203 LUCERNE DR
DEBARY FL 32713

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
59-2954480Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDELADURANTEY STEVE
100 WOLF PACK RUNDELTONA FL
32725 US**7. Name and Address of New Registered Agent**

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 **05/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	T	<input type="checkbox"/> Delete
NAME	DUNNE JANICE H	
STREET ADDRESS	203 LUCERNE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> Delete
NAME	DLEKSIN MARY ANN	
STREET ADDRESS	569 SULLIVAN ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELY MARY LYNN	
STREET ADDRESS	1339 BAILEY AVE	
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	PD	<input type="checkbox"/> Delete
NAME	JOENS DEBRA A	
STREET ADDRESS	717 ELWOOD ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE JANICE H	
STREET ADDRESS	203 LUCERNE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPE DEBORAH	
STREET ADDRESS	102 MARTA RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKMAN VALERIE	
STREET ADDRESS	85 LAKE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON MIKE	
STREET ADDRESS	2337 RABENTON RD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS SHEILA	
STREET ADDRESS	1164 COLLINS AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 T 05/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)