

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90195 027 ****61.25

DOCUMENT # N97000005193

1. Entity Name

DELTONA SPRING FEST, INC.



Principal Place of Business

P.O. BOX 5724
DELTONA FL 32728-5724

Mailing Address

P.O. BOX 5724
DELTONA FL 32728-5724

55043066



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 **59-3456743**

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

**HORN, TAMARA
2042 SWANSON DR
DELTONA FL 32738**

Name

MARLENE BROWN

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

2936 McCLELLAN ST.

City

DELTONA

FL

Zip Code

32738

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 *Marlene Brown* **TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/03

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 **VD** ☒ Delete
NAME **DEZARUBA, CHARLES**
STREET ADDRESS **4750 FT. SMITH BLVD**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN HERNANDEZ**
STREET ADDRESS **1360 PROVIDENCE BLVD**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **PD** ☐ Delete
NAME **HARRIS, RANDOLPH**
STREET ADDRESS **3370 GEORGE SAULS STREET**
CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE **TD** ☒ Delete
NAME **HORN, TAMARA**
STREET ADDRESS **2042 SWANSON DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **STD** ☒ Change ☐ Addition
NAME **MARLENE T. BROWN**
STREET ADDRESS **2936 McCLELLAN ST.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **VD** ☒ Delete
NAME **BRYANT, DAVID**
STREET ADDRESS **4888 ELKAM BLVD**
CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **DINA BARBERI**
CITY-ST-ZIP **2555 VESPERO ST.**
DELTONA, FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MARITZA VAZQUEZ**
STREET ADDRESS **752 WATERFALL CIRCLE**
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: *Marlene Brown* **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 407-688-8700
Date Daytime Phone #

CR2E037 (10/02)