

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90162 011 ****75.00

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1. Entity Name

THE DAYTONA BEACH ARCHAEOLOGICAL, ANTHROPOLOGICAL, AND HISTORICAL SOCIETY, INC.



Principal Place of Business

**405 WILSON AVE.
DAYTONA BEACH FL 32114**

Mailing Address

**405 WILSON AVE.
DAYTONA BEACH FL 32114**

2. Principal Place of Business

405 Wilson Ave

3. Mailing Address

405 Wilson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3481203**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

6. Name and Address of Current Registered Agent

**DELANNOY, CAROLINE
ARLEQUINN ANTIQUES
122 S. BEACH STREET
DAYTONA BEACH FL**

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

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
After September 10, 2003, min will be \$236.25

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

TITLE **AT** ☐ Delete
NAME **BURRS GEORGE BURRS,**
STREET ADDRESS **614 EASY ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **DS** ☐ Delete
NAME **BUTTS, DEBORAH**
STREET ADDRESS **1053 PETER ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **DT** ☐ Delete
NAME **MORRIS, DORCAS**
STREET ADDRESS **631 N. STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **CE** ☐ Delete
NAME **BUTTS, SAMUEL JR**
STREET ADDRESS **405 WILSON AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **AES** ☐ Delete
NAME **BUTTS, ISSAC**
STREET ADDRESS **638 HAWK STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **P** ☐ Delete
NAME **BUTTS, SAMUEL SR**
STREET ADDRESS **405 WILSON**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AT** ☒ Change ☐ Addition
NAME **LOVELY MAE BUTTS**
STREET ADDRESS **921 KATHY ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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]

CR2E037 (4/03)