FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am DOCUMENT # N99000000832 **Secretary of State** DAYTONA BEACH MUSICIANS' GUILD INC. 02-16-2001 90026 047 ****61.25 Principal Place of Business Mailing Address 1201 N BOSTON AVE 1201 N BOSTON AVE DELAND FL 32724 DELAND FL 32724 PARTORI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3557619 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONNELL, HAROLD R Street Address (P.O. Box Number is Not Acceptable) 1201 N BOSTON AVE **DELAND FL 32724** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE UDY HESTEL MORGAN, REUEN NAME NAME 621 VERA STREET STREET ADDRESS STREET ADDRESS 194 BOSARVEY RD. DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32176** TITLE DVP Delete TITLE ☐ Change INDA EPSTEIN FLYNN NAME POITRAS, JEAN M NAME 285 GOLDEN SADDLE LANE STREET ADDRESS STREET ADDRESS 4021 S PENINSULAR DR. CITY-ST-ZIP DRMOND BEACH CITY-ST-7IP **DAYTONA BEACH FL 32127** ☐ Change~ ☐ Addition DT ---☐ Delete 😓 TITLE .-- -TITLE -GLENN RING PANEK, ROBERT NAME NAME 1810 JAMES ST. STREET ADDRESS STREET ADDRESS 844 ESSEX ROAD CITY-ST-ZIP CITY-ST-ZIP BNOTHAL 2 DAYTONA BEACH FL 32117 adition TITLE Delete TITLE ☐ Change CONNELL, HAROLD NAME STREET ADDRESS STREET ADDRESS 1201 N. BOSTON AVE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 DBM ☐ Delete TITI F ☐ Change ☐ Addition HEIMO, PETER NAME STREET ADDRESS 1647 S PALMETTO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORRIS, LINDSEY NAME STREET ADDRESS STREET ADDRESS 747 LOTUS LANE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR