

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000832**

1. Entity Name

**DAYTONA BEACH MUSICIANS' GUILD INC.****FILED****Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90165 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1201 N BOSTON AVE  
DELAND FL 32724****1201 N BOSTON AVE  
DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3557619**

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

**CONNELL, HAROLD R  
1201 N BOSTON AVE  
DELAND FL 32724**

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

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**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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **HETTEL, JUDY**  
CITY-ST-ZIP **621 VERA STREET  
DAYTONA BEACH FL 32114**TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Scott Adkins**  
CITY-ST-ZIP **8580 County Road 13  
St Augustine, Florida 32092**TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **EPSTEIN FLYNN, LINDA**  
CITY-ST-ZIP **285 GOLDEN SADDLE LANE  
ORMOND BEACH FL 32174**TITLE ☒ Change ☐ Addition  
NAME **Vice President**  
STREET ADDRESS **Jon Georgi**  
CITY-ST-ZIP **1084 Landers Street  
Ormond Beach, Florida 32174**TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **RING, GLENN**  
CITY-ST-ZIP **1810 JAMES ST  
S. DAYTONA BEACH FL 32119**TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Reuben Morgan**  
CITY-ST-ZIP **194 Bosarvey Avenue  
Ormond Beach, Florida 32176**TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **CONNELL, HAROLD**  
CITY-ST-ZIP **1201 N. BOSTON AVE  
DELAND FL 32724**TITLE ☒ Change ☐ Addition  
NAME **Board Member**  
STREET ADDRESS **John Jennings**  
CITY-ST-ZIP **12 Seaside Drive  
Ormond Beach, Florida 32176**TITLE ☐ Delete  
NAME **DBM**  
STREET ADDRESS **HEIMO, PETER**  
CITY-ST-ZIP **1647 S PALMETTO AVE  
S. DAYTONA FL 32119**TITLE ☐ Change ☐ Addition  
NAME **Secretary & Reg Agent**  
STREET ADDRESS **Harold Connell**  
CITY-ST-ZIP **1201 N Boston Avenue  
Deland, Florida 32724**TITLE ☐ Delete  
NAME **DBM**  
STREET ADDRESS **MORRIS, LINDSEY**  
CITY-ST-ZIP **747 LOTUS LANE  
DAYTONA BEACH FL 32114**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold Connell, Secretary & Reg Agent**

Date

**386 734 9797**

Daytime Phone #

CR2E037 (9/01)