

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003598

1. Entity Name

DELTONA ARTS & HISTORICAL CENTER, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90024 027 \*\*\*\*61.25

Principal Place of Business Mailing Address  
682 DELTONA BOULEVARD 682 DELTONA BOULEVARD  
DELTONA FL 32735 DELTONA FL 32725-8020

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

MASIARCZYK, JOHN  
2025 ADELIA BOULEVARD  
DELTONA FL 32725

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

*John Masiarczyk* President

3-8-00

(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 PD ☐ Delete  
NAME MASIARCZYK, JOHN  
STREET ADDRESS 2025 ADELIA BOULEVARD  
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Change ☒ Addition  
NAME ART LOCKE  
STREET ADDRESS 409 SANDY LN  
CITY-ST-ZIP DELTONA, FL 32738

TITLE VPD ☐ Delete  
NAME BRYANT, DAVID  
STREET ADDRESS 1380 ELKCAM BOULEVARD  
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ Change ☒ Addition  
NAME ANNIE KEHT  
STREET ADDRESS 1449 ROSEBORO DR  
CITY-ST-ZIP DELTONA, FL 32725

TITLE SD ☐ Delete  
NAME KUENKELE, BARBARA  
STREET ADDRESS 763 W. GAUCHO  
CITY-ST-ZIP DELTONA FL 32725

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

TITLE TD ☒ Delete  
NAME BRYANT, ROBIN  
STREET ADDRESS 1380 ELKCAM BOULEVARD  
CITY-ST-ZIP DELTONA FL 32725

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

TITLE D ☒ Delete  
NAME BARBERI, DALE  
STREET ADDRESS 2555 VESPERO STREET  
CITY-ST-ZIP DELTONA FL 32738

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

TITLE D ☐ Delete  
NAME BARBERI, DINA  
STREET ADDRESS 2555 VESPERO STREET  
CITY-ST-ZIP DELTONA FL 32738

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: *John Masiarczyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/00

407-575-2601

Date

Daytime Phone #