

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90096 008 ****61.25

DOCUMENT # N99000003598

1. Entity Name

DELTONA ARTS & HISTORICAL CENTER, INC.

Principal Place of Business

Mailing Address

682 DELTONA BOULEVARD
DELTONA FL ~~32735~~

682 DELTONA BOULEVARD
DELTONA FL ~~32735~~

32725-8020

32725-8020

00027497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

682 Deltona Blvd, Deltona

3. Mailing Address

same

Suite, Apt. #, etc.

as above

Suite, Apt. #, etc.

as above

City & State

as above

City & State

as above

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32725

Country

USA

Zip

32725

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASIARCZYK, JOHN
2025 ADELIA BOULEVARD
DELTONA FL 32725

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASIARCZYK, JOHN	
STREET ADDRESS	2025 ADELIA BOULEVARD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRYANT, DAVID	
STREET ADDRESS	1380 ELKCAM BOULEVARD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUENKELE, BARBARA	
STREET ADDRESS	763 W. GAUCHO	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKE, ART	
STREET ADDRESS	409 SANDY LN	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEHT, ANNIE	
STREET ADDRESS	1449 ROSEBORO DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBERI, DINA	
STREET ADDRESS	2555 VESPERO STREET	
CITY-ST-ZIP	DELTONA FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Founder/Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Masiarczyk, John	
STREET ADDRESS	2025 Adelia Blvd	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	President/Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Jefferson	
STREET ADDRESS	1016 Pearl Tree Rd	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie Keht	
STREET ADDRESS	1449 Roseboro Drive	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Bryant	
STREET ADDRESS	1380 Elkcarn Boulevard	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaac Reed	
STREET ADDRESS	1459 E. Normandy Blvd	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Hurst	
STREET ADDRESS	2782 Augustine Ct	
CITY-ST-ZIP	Deltona FL 32738	

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:

Joanne Jefferson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

Daytime Phone #

(386) 575-2601

CR2E037 (10/00)