

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90310 023 ****61.25

DOCUMENT # N18625

1. Entity Name

REBOS CLUB OF NEW SMYRNA BEACH, INC.

Principal Place of Business

2120 S. RIDGEWOOD AVE.
 #8
 EDGEWATER FL 32132-1936
 US

Mailing Address

PO BOX 1608
 NEW SMYRNA BEACH FL 32170
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2914039

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

ARMSTRONG, DAVE
298 H.H. BURCH RD.
OAK HILL FL 32759

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 **CD** Delete
 NAME **ARMSTRONG, DAVE**
 STREET ADDRESS **298 H.H. BURCH RD.**
 CITY-ST-ZIP **OAK HILL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **VALLOR, MICHELLE**
 STREET ADDRESS **316 S. RIDGEWOOD #5**
 CITY-ST-ZIP **EDGEWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VALLOR, THOMAS**
 STREET ADDRESS **316 S. RIDGEWOOD #5**
 CITY-ST-ZIP **EDGEWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POGER, BERRY**
 STREET ADDRESS **6 LAUGHING GULL LANE**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **NEEDHAM, JAMES L**
 STREET ADDRESS **1540 JAMES STREET**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS **1941 1/2 DIMMERS RD**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TO RALPH HENRY ROBERT PIETZ**
 STREET ADDRESS **1604 NEEDLE PALM**
 CITY-ST-ZIP **EDGEWATER, FL 32132**

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 provisions.

SIGNATURE:

JAMES L NEEDHAM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 MAR 2001 904 671 2548

Date

Daytime Phone #

CR2E037 (10/00)