

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90054 010 ****61.25

DOCUMENT # 702004

1. Entity Name

NEW SMYRNA BEACH BUSINESS AND PROFESSIONAL WOMEN

Principal Place of Business

1300 OLD MISSION RD
 LOT 204
 NEW SMYRNA BEACH FL 32168
 US

Mailing Address

PO BOX 1344
 NEW SMYRNA BEACH FL 32170
 US

2. Principal Place of Business

4328 S. Atlantic Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponce Inlet, FL

City & State

Zip

32127

Country

USA

Zip

Country

4. FEI Number

59-1891180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARTER, ADELAIDE B
 1705 DAYTON ST
 EDGEWATER FL 32132

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APPKEGATE, MARGARET 1300 OLD MISSION RD NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELZ, DEBBIE 335 N CAUSEWAY #D4 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ADELAIDE 1705 DAYTON ST EDGEWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, BONNA 505 AUROURA S DAYTONA FL 32119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADER-LYTTLE, DEBORAH 188 HAZELWOOD RIVER DR EDGEWATER FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jowell C. Beck 4328 S. Atlantic Ave. Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Christine S. Carisano 3313 Mango Tree Dr Edge Water, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Debbie Belz 335 N. Causeway #D4 New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Jowell C. Beck

4/16/01

904 767-4721

CR2E037 (10/00)