

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730897

1. Entity Name

NEWCOMER'S S.M.M. COMMITTEE, INC.

Principal Place of Business

861 MAITLAND AVE  
ALTAMONTE SPRGS FL 32701

Mailing Address

861 MAITLAND AVE  
ALTAMONTE SPRGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0877829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, CHARLES I  
700 SPRING LAKE RD.  
ALTAMONTE SPRINGS FL 32701

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 PD ☐ Delete  
NAME MITCHELL, CHARLES I  
STREET ADDRESS 700 SPRING LAKE RD.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ Delete  
NAME MAGEE, ARLENE  
STREET ADDRESS 100 EASTERN FORK  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete  
NAME RABORN, KAREN  
STREET ADDRESS 514 RIVIERA DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90304 001 \*\*\*245.00

13060



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)