

# 2000 UNIFORM BUSINESS REPORT (UBR)

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 32170-1608  
US

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

59-2914039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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	CD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DAVE	
STREET ADDRESS	298 H.H. BURCH RD.	
CITY-ST-ZIP	OAK HILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALLOR, MICHELLE	
STREET ADDRESS	316 S. RIDGEWOOD #5	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALLOR, THOMAS	
STREET ADDRESS	316 S. RIDGEWOOD #5	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POGER, BERRY	
STREET ADDRESS	6 LAUGHING GULL LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEEDHAM, JAMES L	
STREET ADDRESS	1540 JAMES STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James L. Needham* **JAMES L. NEEDHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13 APR 2000

Daytime Phone #

904-427-5706

FILED  
Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90032 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)