

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18625

1. Entity Name

REBOS CLUB OF NEW SMYRNA BEACH, INC.

FILED

Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90063 048 \*\*\*\*61.25

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

AVERY, ROLAND

Street Address (P.O. Box Number is Not Acceptable)

613 PORTSIDE LANE

City

EDGEWATER

FL

Zip Code 32141

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 ROLAND AVERY CD

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 CD ☒ Change ☐ Addition  
NAME AVERY, ROLAND  
STREET ADDRESS 613 PORTSIDE LANE  
CITY-ST-ZIP EDGEWATER, FL

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 D ☒ Change ☐ Addition  
NAME POGER, BERRY  
STREET ADDRESS 1400 LIVE OAK ST.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32186

TITLE TD ☒ Delete  
NAME NEEDHAM, JAMES L  
STREET ADDRESS 1941 1/2 DIMMERS RD.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Change ☐ Addition  
NAME NEEDHAM, JAMES L.  
STREET ADDRESS 1120 AVENUE I  
CITY-ST-ZIP ORMOND BEACH, FL. 32174 32186

TITLE TD ☐ Delete  
NAME PIETZ, RALPH HENRY ROBERT  
STREET ADDRESS 1604 NEEDLE PALM  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☒ Change ☐ Addition  
NAME *Ol-H. Pietz*  
STREET ADDRESS *Treasure*  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-02 386-684-0225

CR2E037 (9/01)