

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90142 041 \*\*\*\*61.25



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N18625</b>	
1. Entity Name <b>REBOS CLUB OF NEW SMYRNA BEACH, INC.</b>	
Principal Place of Business <b>2120 S. RIDGEWOOD AVE. #8 EDGEWATER FL 32132-1936 US</b>	Mailing Address <b>PO BOX 1608 NEW SMYRNA BEACH FL 32170 US</b>
2. Principal Place of Business <b>2120 S. Ridgewood Ave</b>	3. Mailing Address <b>P.O. Box 1608</b>
Suite, Apt. #, etc. <b>#8</b>	Suite, Apt. #, etc.
City & State <b>Edgewater FL 32132</b>	City & State <b>New Smyrna Beach</b>
Zip <b>32132-1936</b>	Country <b>U.S.</b>
Zip <b>32170</b>	Country <b>U.S.</b>

4. FEI Number <b>59-2914039</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AVERY, ROLAND 613 PORTSIDE LANE EDGEWATER FL 32141</b>		7. Name and Address of New Registered Agent Name <b>R. H. Peitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1604 Needle Palm</b> City <b>Edgewater</b> FL Zip Code <b>32141</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. H. Peitz*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD AVERY, ROLAND 613 PORTSIDE LANE EDGEWATER FL 32141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VALLOR, MICHELLE 316 S. RIDGEWOOD #5 EDGEWATER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VALLOR, THOMAS 316 S. RIDGEWOOD #5 EDGEWATER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POGER, BERRY 1400 LIVE OAK ST NEW SMYRNA BEACH FL 32186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEEDHAM, JAMES L 1120 AVE L ORMOND BEACH FL 32174</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PEITZ, RALPH H 1604 NEEDLE PALM EDGEWATER FL 32132</b> <input type="checkbox"/> Delete	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: *R. H. Peitz*

CR2E037 (10/02)