

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24639

1. Entity Name

NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION.

Principal Place of Business

C/O SID C. PETERSON JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32168-7010

Mailing Address

C/O SID C. PETERSON JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32168-7010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

PETERSON, SID C., JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32069

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME S
STREET ADDRESS TOWNSEND, GORDON
CITY-ST-ZIP 3 OCEANS W. BLVD. 2D40C
DAYTONA BEACH SHORES FL 32118

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MURDOCK, RICHARD
CITY-ST-ZIP 20 BIRDIE DRIVE
NEW SMYRNA BEACH FL

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

TITLE ☒ Delete
NAME TD
STREET ADDRESS FOOTE, CHARLES
CITY-ST-ZIP 101 N. RIVERSIDE DR. #503
NEW SMYRNA BEACH FL 32168

TITLE ☒ Change
NAME TOURNAMENT DIRECTOR
STREET ADDRESS FRYE, DONALD
CITY-ST-ZIP 101 RIVERSIDE DR UNIT 504
NEW SMYRNA BEACH, FL. 32168

TITLE ☐ Delete
NAME T
STREET ADDRESS VAN DOREN, HARRY
CITY-ST-ZIP 57 FAIRWAY CIR.
NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KULCYK, JOHN
CITY-ST-ZIP 103 INLET SHORE DR
NEW SMYRNA BEACH FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS BREWER, EDWIN
CITY-ST-ZIP 604 EDWARD ST.
NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS HUETHER, FRANK
CITY-ST-ZIP 2611 GIEN DR.
NEW SMYRNA BEACH, FL. 32168

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:

H. A. Doren REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

904 427-9236

Date

Daytime Phone #

CR2E037 (9/99)