

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24639

1. Entity Name

NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION,

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90018 041 \*\*\*\*61.25

0006674

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

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

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

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

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

TITLE TD  
NAME FRYE, DONALD  
STREET ADDRESS 101 RIVERSIDE DR UNIT 504  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

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

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

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

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

TITLE D  
NAME HUETHER, FRANK  
STREET ADDRESS 2611 GLEN DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE TD  
NAME GERALD ROSKEY  
STREET ADDRESS 220 QUAY ASSISI  
CITY-ST-ZIP NEW SMYRNA Bch. FL. 32168 ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)