

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90049 026 ****61.25

DOCUMENT # N24639

1. Entity Name

NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION, INC.

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**

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

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **CHARLAND, LOUIS**
 CITY-ST-ZIP **4445 SAXON DR.
 NEW SMYRNA BEACH FL 32169**

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 **T-A VP**
 STREET ADDRESS **FRYE, DONALD**
 CITY-ST-ZIP **101 RIVERSIDE DR UNIT 504
 NEW SMYRNA BEACH FL 32168** **SAME**

TITLE ☒ Change ☒ Addition
 NAME **VP & T**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **VAN DOREN, HARRY**
 CITY-ST-ZIP **101 N. RIVERSIDE DR # 212
 NEW SMYRNA BEACH FL 32168**

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 **TD**
 STREET ADDRESS **ROSKEY, GERALD**
 CITY-ST-ZIP **220 QUAY ASSISI
 NEW SMYRNA BEACH FL 32168**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **ALLEN, RAYMOND**
 CITY-ST-ZIP **1 CEDAR DUNES DR.
 NEW SMYRNA BEACH FL. 32169**

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 (9/01)