5/3

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State
05-31-2000 90039 028 ****61.25

DOCUMENT # N28770

1. Entity Name

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

Principal Place of Business	Mailing Address
C/O ~~SID C. PETERSON JR.~~ Robert R. Garrow 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168	C/O ~~SID C. PETERSON JR.~~ Robert R. Garrow 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168-6129

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2910121 ☐ 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
~~GALLAS, PETER J~~ ~~729 GREEN RD~~ ~~NEW SMYRNA BCH FL 32168~~	Name: GARROW, Robert R Street Address (P.O. Box Number is Not Acceptable): 3700 S. ATLANTIC AVE, APT 416 City: New Smyrna Beach FL Zip Code: 32169

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] - ROBERT R. GARROW   5/18/00
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 ☒ Delete	TITLE	~~ANTHONY MCCLOSKEY~~ ☐ Change ☒ Addition
NAME	PETER J. GALLAS	NAME	~~102 PAR DRIVE~~
STREET ADDRESS	729 GREEN ROAD	STREET ADDRESS	~~NEW SMYRNA BEACH, FL 32168~~
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP	
TITLE	TD ☒ Delete	TITLE	SECRETARY ☒ Change ☒ Addition
NAME	~~JEFFERY, WAYNE~~	NAME	ROBERT R. GARROW D
STREET ADDRESS	701 GREEN ROAD	STREET ADDRESS	3700 S. ATLANTIC AVE, APT 416
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	O ☒ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	~~TROY, THOMAS~~	NAME	WALTER MILEWSKI D
STREET ADDRESS	908 E 2ND AVE	STREET ADDRESS	715 WAYNE AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VP ☒ Delete	TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	GARROW, ROBERT	NAME	ANTHONY MCCLOSKEY D
STREET ADDRESS	3700 S ATLANTIC AVE	STREET ADDRESS	102 PAR DRIVE
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D ☒ Delete	TITLE	TREASURER ☒ Change ☐ Addition
NAME	~~KOGNIG, FEGD~~	NAME	RICHARD TRUDO D
STREET ADDRESS	3 TRAP CIRCLE	STREET ADDRESS	204 ROBINSON ROAD
CITY-ST-ZIP	NEW SMYRNA BCH FL	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	P ☒ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	RICHARD TRUDO	NAME	PETER J. GALLAS D
STREET ADDRESS	115 LAGOON COURT	STREET ADDRESS	729 GREEN ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

Bus. Address for all directors is: Men 1000 Wayne Ave. NSB FL. 32168

CF (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] ROBERT R. GARROW   5/18/00   904-428-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #