

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28770

1. Entity Name

NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

S/O ROBERT R GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168 - 6129

Mailing Address

S/O ROBERT R. GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168 - 6129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETER J. GALLAS 729 GREEN ROAD NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETER J. GALLAS (D) 729 GREEN RD NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEFFERY, WAYNE 701 GREEN ROAD NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARL OVERSTREET 101 NORTH RIVERSTIDE DR NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROY, THOMAS 908 E 2ND AVE NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ANTHONY MCCLOSKEY 102 PAR DR NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARROW, ROBERT 3700 S. ATLANTIC AVE NEW SMYRNA BCH FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROBERT R. GARROW 3700 S. ATLANTIC AVE., APT 416 (D) NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOGNIG, EGG 3 TRAIL CIRCLE NEW SMYRNA BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICHARD TRUDO 204 ROBINSON ROAD (D) NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD TRUDO 115 LAGOON COURT NEW SMYRNA BEACH FL	<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 empowerments.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/01 (904) 428-5179

Daytime Phone #

CR2E037 (10/00)

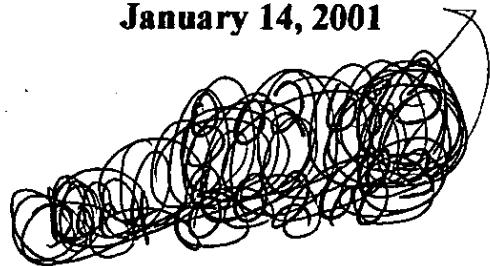
DOC# N28770

61433

NSB MEN'S GOLF ASSOCIATION
1000 Wayne Avenue
New Smyrna Beach, FL 32168

January 14, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500



Gentlemen,

Enclosed is the 2001 Uniform Business (UBR) for the New Smyrna Beach Men's Golf Association, along with the required fee. (Check in the amount of \$61.25).

Please be advised that much of the information contained in the 2000 report had been changed, added or deleted, however, these changes were not reflected in the 2001 report sent to us.

Thank you for any help you can provide in seeing that the changes, additions and deletions which have been made to the 2001 report attached, are reflected in the 2002 UBR.

Sincerely



ROBERT R. GARROW
Secretary

Encl:

1. UBR for 2001
2. CK for \$61.25