

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28770

1. Entity Name

NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

C/O ROBERT R GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

Mailing Address

C/O ROBERT R GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

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

GARROW, ROBERT R
3700 S ATLANTIC AV 415
NEW SMYRNA BCH FL 32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GALLAS, PETED J
729 GREEN RD
NEW SMYRNA BEACH FL 32169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
KERNICK, LEO
83 Lake Fairspring Circle
New Smyrna Beach FL 32168 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OVERSTREET, CARL
101 N RIVERSIDE DR
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MCCLOSKEY, ANTHONY
102 PAR DR
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARROW, ROBERT R
3700 S ATLANTIC AV A4156
NEW SMYRNA BCH FL 32169 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TRUDO, RICHARD
204 ROBINSON RD
NEW SMYRNA BEACH FL 32169 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RICHARD TRUDO
115 LAGOON COURT
NEW SMYRNA BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 10, 2002 (386-428-5179)

Date

Daytime Phone #

FILED
Aug 13, 2002 8:00 am
Secretary of State

03-06-2002 90016 003 ****61.25

41448



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N28770**

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NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ROBERT R GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

C/O ROBERT R GARROW
1000 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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City & State

City & State

Zip

Country

Zip

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4. FEI Number

59-2910121

Applied For

Not Applicable

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\$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

GARROW, ROBERT R
3700 S ATLANTIC AV 415
NEW SMYRNA BCH FL 32168

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 resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAS, PETER J 729 GREEN RD NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERSTREET, CARL 101 N RIVERSIDE DR NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCLOSKEY, ANTHONY 102 PAR DR NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARROW, ROBERT R 3700 S ATLANTIC AV A4156 NEW SMYRNA BCH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUDO, RICHARD 204 ROBINSON RD NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD TRUDO 115 LAGOON COURT NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNICA, LEO 2535 E 2nd Ave. New Smyrna Beach FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Aug 10, 2002 (386) 428-5179

Attachment
41448

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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

July 15, 2002

**Florida Department of State
Division of Corporations
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
Tallahassee, FL 32302-1500**

The New Smyrna Beach Men's Golf Association, Inc., is in receipt of a second "2002 UNIFORM BUSINESS REPORT" from your office indicating that we failed to file a report for 2002.

I am enclosing a copy of a letter to your office dated February 21, 2002 which shows that the report was sent to your office on that date, along with the \$61.25 filing fee.

Please be advised that although we have filed the required report each year, this is the second year in a row that we received a notification that we failed to file the required UBR.

We would appreciate any help you can give to ensure that we receive proper credit for filing. If necessary, we would be glad to forward future reports via registered mail.

Thank you for your help in this matter.


**Robert R. Garrow, Secretary
NSB Men's Golf Association**

**Incl:
Copy of previous correspondence**

Attachment 41448 [REDACTED]
MEN'S GOLF ASSOCIATION
1000 Wayne Avenue
New Smyrna Beach, FL 32168 #N28770


February 21, 2002

Florida Department of State
Division of Corporations
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

In accordance with the requirements of the Florida Department of State, Division of Corporations, enclosed is the Uniform Business Report for the New Smyrna Beach Men' Golf Association, Inc., 1000 Wayne Avenue, New Smyrna Beach, FL 32168 for the year 2002.

Also enclosed is a check for \$61.25 to cover the filing fee.

Sincerely,


ROBERT R. GARROW
Secretary

Incl:

1. Updated UBR Report for 2002
2. Check for \$61.25

MEN'S GOLF ASSOCIATION MUNICIPAL GOLF COURSE 1000 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168		1240
PAY TO THE ORDER OF <u>Department of State</u>		2-21-2002 63-1005/831
<u>Division of Corporations</u>		\$ <u>61.25</u>
<u>SIXTY ONE and 25/100</u>		DOLLARS
SouthTrust Bank Volo Co. FL		
FOR <u>P. Friction</u>	<u>Robert R. Garrow</u>	
⑈001240⑈ ⑈06310050⑈		0067919417⑈

Attachment
MEN'S GOLF ASSOCIATION 41448
1000 Wayne Avenue # N28770
New Smyrna Beach, FL 32168

August 10, 2002

Ref: N28770

Florida Department of State
Division of Corporations
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
Tallahassee, FL 32303-1500

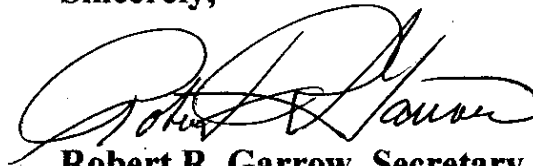
Thank you for providing the information needed to clarify the reason why our organization was not credited with filing our UBR for the year 2002. Although we had submitted the required document with appropriate changes along with the a check for \$61.25, we continued to receive notices that the report was not on file.

Your letter of July 24, 2002 which identified the reason why we were not credited with having a report on file has clarified the problem for us.

I am returning the previously submitted UBR with required "Signature" in block 12.

Your assistance in resolving this issue is appreciated.

Sincerely,



Robert R. Garrow, Secretary
New Smyrna Beach
Men's Golf Association

Incl: UBR Report