UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90008 004 ****61.25

DOCUMENT # N94000003546

1. Entity Name
North Beach Neighborhood Assn, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Riverview Place	201 Riverview Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach FL	City & State: New Smyrna Bch, FL
Zip: 32169 Country: USA	Zip: 32169 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3298143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GRAYCE K. BARCK

Street Address (P.O. Box Number is Not Acceptable): 201 Riverview Place

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE ($ 61.25) Initial or Amended UBR

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

TITLE	D
NAME	Oscar Deatross
STREET ADDRESS	1225 N. Atlantic Ave
CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	D
NAME	Randal R. Richenberg
STREET ADDRESS	1402 N. Peninsula Ave
CITY-ST-ZIP	New Smyrna Bch, FL 32169
TITLE	D
NAME	GRAYCE K. BARCK
STREET ADDRESS	201 Riverview Place
CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

01/20/02

SIGNATURE: Grayce K. Barck GRAYCE K. BARCK 386-428-9596