

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005906

1. Entity Name

NSB SENIOR COMMITTEE, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90149 016 \*\*\*\*70.00

Principal Place of Business 315 NORTH CAUSEWAY, #C-402 NEW SMYRNA BEACH FL 32169	Mailing Address 315 NORTH CAUSEWAY, #C-402 NEW SMYRNA BEACH FL 32169-5292
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 105 S. Riverside Drive Suite, Apt. #, etc.	3. Mailing Address P. O. Box 1255 Suite, Apt. #, etc.
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City & State New Smyrna Beach, FL	City & State Edgewater, FL 32132	4. FEI Number 59-3408251	Applied For Not Applicable
Zip 32168	Country Volusia	Zip 32132	Country Volusia

5.-Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HANKS, LOWELL A  
 315 NORTH CAUSEWAY, #C-402  
 NEW SMYRNA BEACH FL 32169

**7. Name and Address of New Registered Agent**

Name  
ELLEN GRAF

Street Address (P.O. Box Number is Not Acceptable)  
4459 Beacon Light Road

City  
Edgewater FL Zip Code  
32141

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 *Ellen Graf*

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	
TITLE PD NAME HANKS, LOWELL A STREET ADDRESS 315 NORTH CAUSEWAY, #C-402 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE SD NAME KEARNEY, AVA A STREET ADDRESS 16 CEDAR DUNES DR CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE TD NAME SIEGRIST, MARY STREET ADDRESS 1718 N PENINSULA AVE CITY-ST-ZIP NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GRAF, ELLEN STREET ADDRESS 4459 Beacon Light Rd. CITY-ST-ZIP Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V D NAME ZAMORSKI, FRITZ STREET ADDRESS 808 Pine Shores Circle CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MADDOX, DOTTIE STREET ADDRESS 704 Faulkner Street CITY-ST-ZIP New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SPANOS, THERESA STREET ADDRESS 117 Frances Street CITY-ST-ZIP Edgewater, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALEXANDER, DON STREET ADDRESS 4139 S. Atlantic Ave. #701 CITY-ST-ZIP New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BROWN, ALFONSE STREET ADDRESS 579 Hamilton St. CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" 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 empowered.

SIGNATURE: *Signature Expired*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2000 904 345-0097  
 Date Daytime Phone #

N98000005906  
A0037885  
Attachment

Box 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (CONTINUED):

Additions:

D

DAUBE, HARRY  
541 S. Peninsula Dr. B4  
New Smyrna Beach, FL 32169

D

MAURICIO, MARIANNE  
713 Green Road  
New Smyrna Beach, FL 32168

D

POLLEY, BILL  
812 Pine Shores Circle  
New Smyrna Beach, FL 32168

D

PORTEN, BILL  
7 Silver Circle  
Edgewater, FL 32141

D

VIRTANEN, FLO  
4201 S. Atlantic Avenue #209  
New Smyrna Beach, FL 32169