

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0008630

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05-01-2001 90037 012 *****61.25

1. Entity Name

NEW SMYRNA HOLIDAY CHARITY BALL, INC.

Principal Place of Business

Mailing Address

2428 S. GLENCOE ROAD
 NEW SMYRNA BEACH FL 32168

2428 S. GLENCOE ROAD
 NEW SMYRNA BEACH FL 32168

304009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3600229

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

WIDMANN, JIMMIE K
2428 S. GLENCOE ROAD
NEW SMYRNA BEACH FL 32168

Name

J. Kaye Widmann

Street Address (P.O. Box Number is Not Acceptable)

2428 S. Glencoe Road

City

New Smyrna Beach

FL

Zip Code
32168

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 \$61.25

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	WIDMANN, JIMMIE K	2428 GLENCOE ROAD	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>	DP	Widmann, J. Kaye	2428 Glencoe Road	New Smyrna Beach, Florida 32168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	STRYCHARZ, GERI	4390 SAXN DR.	NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/>	DS	Bobbie Monhollon	726 Neal St.	New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	VASQUEZ, BARBARA T	71 LAKE FAIRGREEN CIRCLE	NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/>	DV	Margaret McDonald			<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	JENKINS, DAVID	#2 SWAN DR.	NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/>	DT	Bettie Johnston			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SIMPSON, G.W.S. III	431 CANAL STREET, STE. A	NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/>	D	Trish Doyle	105 Crawford St.	New Smyrna Beach, FL 32169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V				<input type="checkbox"/>	D	Bob Garrigues	4606 Van Kleeck	New Smyrna Beach, FL. 32168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *J. Kaye Widmann* **J. Kaye Widmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)