

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90125 040 ****61.25

DOCUMENT # 701864

1. Entity Name

THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.

Principal Place of Business

Mailing Address

8668-J PARK BLVD.
 SEMINOLE FL 34647-4348

8668-J PARK BLVD.
 SEMINOLE FL 34647

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

59-0916382

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

HEALY, BETTY W.
125 - 28TH STREET, NORTH
ST. PETERSBURG FL 33713

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 \$61.25**

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	P <input type="checkbox"/> Delete
NAME	CARVER, MARJORIE D
STREET ADDRESS	7880 54 AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> Delete
NAME	LOIS ANDERSON
STREET ADDRESS	2446 17 AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	BAKER, SUZIE
STREET ADDRESS	5241 92 TERRACE NORTH
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> Delete
NAME	FISHER, MARY
STREET ADDRESS	5701 93 AVE. N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> Delete
NAME	KNAPP, MARGARET E
STREET ADDRESS	7890 OLIVER RD
CITY-ST-ZIP	SEMINOLE FL 33777
TITLE	ST <input type="checkbox"/> Delete
NAME	DALRYMPLE, MADELEINE J
STREET ADDRESS	5401 101ST AVENUE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 00000

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Madeleine J. Dalrymple*
 MADELEINE J. DALRYMPLE

4/28/00 (727) 391-7637
 Date Daytime Phone #

CR2E037 (9/99)