

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90235 033 ****61.25

DOCUMENT # 701864

1. Entity Name

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

Principal Place of Business

8668-J PARK BLVD.
 SEMINOLE FL 34647-4348

Mailing Address

8668-J PARK BLVD.
 SEMINOLE FL 34647-4348

00112710



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 **59-0916382**

Applied For
 Not Applicable

Zip Country Zip Country

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

DALRYMPLE, MADELEINE J
5401 101 AVE. NORTH
PINELLAS PARK FL 33782

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 checked="" 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	SOSBEY, MARYLOU MRS	
STREET ADDRESS	6716 37AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FILL, LOUISE MRS	
STREET ADDRESS	3530 100 PLACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MC KAY, SUSAN MS	
STREET ADDRESS	3300 XENIA STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, LENI MRS	
STREET ADDRESS	3563 100 AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DALRYMPLE, MADELEINE J	
STREET ADDRESS	5401 101ST AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTTLOFF WANDAM	
STREET ADDRESS	2527 66 TERRACE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES ANNE	
STREET ADDRESS	5075 STARFISH DR #B	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON ANTOINETTE	
STREET ADDRESS	6825 14 STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
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** 4/29/02 (727) 391-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)