


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90139 028 \*\*\*\*61.25

**DOCUMENT # 704525**

1. Entity Name  
**GREATER MIAMI BOWLING ASSOCIATION, INC.**



Principal Place of Business  
**7165 S W 47TH ST #316  
MIAMI FL 33155**

Mailing Address  
**7165 S W 47TH ST #316  
MIAMI FL 33155**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-1038427**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HARPER, HAROLD J.  
7165 S W 47TH ST #316  
MIAMI FL 33155**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Harold J. Harper* **HAROLD J. HARPER** 3/28/03  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOLLER, PAUL</b>	
STREET ADDRESS	<b>14455 SW 98 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HARPER, HAROLD J.</b>	
STREET ADDRESS	<b>7165 SW 47TH ST. #316</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, TIMOTHY</b>	
STREET ADDRESS	<b>11705 S.W. 81ST ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVARITY, RUDOLPH</b>	
STREET ADDRESS	<b>9110 LITTLE RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHEMER, PHILIP</b>	
STREET ADDRESS	<b>10221 SW 142ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHRADER, MICHAEL</b>	
STREET ADDRESS	<b>24 OVIEDO AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Harold J. Harper* **HAROLD J. HARPER** 3/28/03 **305 665-2225**

CR2E037 (10/02)