

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90360 034 \*\*\*\*61.25

**DOCUMENT # 707114**

1. Entity Name

**PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMER**

Principal Place of Business		Mailing Address	
3951 HAVERHILL ROAD SUITE 210 WEST PALM BEACH FL 33417 US		3951 HAVERHILL ROAD SUITE 210 WEST PALM BEACH FL 33417-8145 US	
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		Applied For	
23-7457070		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRYOR, GEORGE 661 CASPER AVE WEST PALM BCH FL 33413		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRD, CHARLES 4406 DAFODIL CIRCLE PALM BEACH GRDNS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE GAYDOSH PRESIDENT 114 LA MANCHA AVE R PALM BEACH, FL 33411 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SEABRIDGE, JOHN 4710 OAK TERRACE DR GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY SERGEL ASST. SECRETARY TREASURER 2319 LEWIS ROAD WEST PALM BEACH, FL 33415712 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD SCHNEIDER, JOHN 427 ANCHORAGE LANE NORTH PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID McCLOSKEY DIRECTOR 104 WILSON RD. WEST PALM BEACH, FL 33406325 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAMMERT, JOE 3951 HAVERHILL RD., SUITE 212 WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRYOR, GEORGE 661 CASPER AVE W PALM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** **1-29-2000** **561-640-4683**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #