2000 UNIFORM BUSINESS REPORT (UBR)

0014870

DOCUMENT # 707919

1. Entity Name

SARASOTA-MANATEE COUNTY BOWLING ASSOCIATION OF T

FILED
01 FEB -7 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 2000

Principal Place of Business	Mailing Address
~~6509 MAGELLAN COURT~~ ~~A-207~~ ~~SARASOTA FL 34243~~ ~~US~~ 5546 34th CIR E BRADENTON FL 34203 US.	PO BOX 986 TALLEVAST FL 34270 US

2. Principal Place of Business	3. Mailing Address
~~320 9TH AVE W~~	P.O. Box 986
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~PALMETTO FL~~	City & State: ~~EL~~ PALMETTO, FC
Zip: ~~34221~~ Country: ~~US.~~	Zip: 34270 Country:

4. FEI Number: 59-1610514 ☐ 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
~~COMBS, BRUCE D.~~ ~~2504 NODOSA DRIVE~~ ~~SARASOTA FL 34232~~	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
After September 13, 2000 min. will be $236.25

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	STD COMBS, BRUCE PO BOX 986 TALLEVAST FL	☒ Delete	VD Mike ~~ALTER~~ 2312 ~~19th~~ Ave W. BRADENTON 34205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARSH, RALPH T. J 3909 7 STREET E BRADENTON FL 34208	☒ Delete	VD RON KESSLER 832 TROTTER AVE SARASOTA, FL 34237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BONNER, CLAUDE H. 3019 40TH AVE W BRADENTON FL 34205	☒ Delete	STD LYMAN O. BAIER JR P.O. BOX 986 TALLEVAST FL 34270	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VD BRUCE COMBS 320 9TH AVE PALMETTO FL 34221	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900003677389--4 -02/13/01--01085--035 ****306.25 ****306.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	KE	☐ Change ☐ Addition

CR2E037 (5/00)

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.

751-2416

SIGNATURE: ~~SIGNATURE REQUIRED~~ Bruce D. Combs 10/2/00 941-~~355-2258~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #