

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90031 023 ****61.25

DOCUMENT # 721575

1. Entity Name

TAMPA WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1906 MEADOWRIDGE DRIVE
VALRICO FL 33594

1906 MEADOWRIDGE DRIVE
VALRICO FL 33594-5069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6251660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

KEYES, DALIA
1906 MEADOWRIDGE DRIVE
VALRICO FL 33594

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 Delete
 NAME **P**
JOHNS, RUBY
 STREET ADDRESS **26135 COMANCHE ST**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
MERCER, EUNICE
 STREET ADDRESS **5107 LAWNTON ST.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
HATCH, FARRAR
 STREET ADDRESS **8704 COBBLESTONE DR.**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BERKELEY, JEAN
 STREET ADDRESS **3206 PEARL AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
ELKINS, SHIRLEY
 STREET ADDRESS **4700 STEEL DUST LANE**
 CITY-ST-ZIP **LUTZ FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SAA**
PORTER, SALLY
 STREET ADDRESS **2510 LAKE ELLEN DR**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change 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: *Eunice Mercer*
EUNICE MERCER
 TREASURER

3/20/00 813-961-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)