

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28525

1. Entity Name

COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90221 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O DIANA HOLMBECK  
 103 PALMETTO DUNES CIRCLE  
 NAPLES FL 34113  
 US

C/O DIANA HOLMBECK  
 103 PALMETTO DUNES CIRCLE  
 NAPLES FL 34113-7559  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3344966

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

HOLMBECK, DIANA  
 103 PALMETTO DUNES CIRCLE  
 NAPLES FL 34113

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

*Diana L. Holmbeck*

1/5/00

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 **D**  Delete  
 NAME **TEVERBAUGH, CHARLOTTE**  
 STREET ADDRESS **3243 NORSE CARRIAGE WAY, #7**  
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PRICE, SHARON**  
 STREET ADDRESS **201 QUAIL FOREST BLVD.**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **QUICK, RAYE ANNE**  
 STREET ADDRESS **5880 24TH AVENUE NW**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **Donothy TURNER**  
 CITY-ST-ZIP **216 PIEZ E**  
**Naples, FL 34112**

TITLE **D**  Delete  
 NAME **CARTER, ESTELLE**  
 STREET ADDRESS **4735 DORANDO DRIVE**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS **2893 Estey Ave**  
 CITY-ST-ZIP **Naples 34104**

TITLE **V**  Delete  
 NAME **BOWERS, MERLYN**  
 STREET ADDRESS **200 PEBBLE BEACH BLVD**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **WILSON, MARGIE**  
 STREET ADDRESS **3081 41ST STREET SW**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME **Measure**  
 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: *Estelle Carter* REQUESTED ESTELLE CARTER 1-5-00 941-775-3151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)