

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-23-2001 90114 037 ****61.25

DOCUMENT # N28525

1. Entity Name

COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

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
 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

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

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

TITLE Change Addition
 NAME **Director Shelley Skinner**
 STREET ADDRESS **1927 45th Terrace SW**
 CITY-ST-ZIP **Naples FL 34116**

TITLE 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 Delete
 NAME **TURNER, DOROTHY**
 STREET ADDRESS **216 PIER E**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P CARTER, ESTELLE**
 STREET ADDRESS **2893 ESTEY AVE**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Estelle Carter* **ESTELLE CARTER**

1-10-01

Date

941-732-7775

Daytime Phone #

CR2E037 (10/00)