

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90162 027 \*\*\*\*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**



DO NOT WRITE IN THIS SPACE

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**

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)

1/15/02  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SKINNER, SHELLEY</b>	
STREET ADDRESS	<b>1989 48TH TERRACE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRICE, SHARON</b>	
STREET ADDRESS	<b>201 QUAIL FOREST BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, DOROTHY</b>	
STREET ADDRESS	<b>218 PIER E</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, ESTELLE</b>	
STREET ADDRESS	<b>2893 ESTEY AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWERS, MERLYN</b>	
STREET ADDRESS	<b>200 PEBBLE BEACH BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	
TITLE	<b>I</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, MARGIE</b>	
STREET ADDRESS	<b>3081 41ST STREET SW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**President  
 Jill Inchim  
 3920 LEEWARD PAGES COURT  
 Bonita Springs, FL 34184**

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: *Diana L. Holmbeck*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/15/02 Daytime Phone # (941) 774-3128

CR2E037 (9/01)