

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90186 017 \*\*\*150.00

**DOCUMENT # 481783**

1. Entity Name  
**PORT CHARLOTTE BOWLERAMA, INC.**

Principal Place of Business: **3192 HARBOR BLVD. PORT CHARLOTTE FL 33952**  
 Mailing Address: **3192 HARBOR BLVD. PORT CHARLOTTE FL 33952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-1614656**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ONUSHCO, MICHAEL E.**  
**1220 VIA TRIPOLI**  
**PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent  
 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, EARL C.</b>	
STREET ADDRESS	<b>355 TROUTDALE ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33954</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ONUSHCO, MICHAEL E</b>	
STREET ADDRESS	<b>1220 VIA TRIPOLI</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000 33950</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ONUSHCO, MICHAEL W</b>	
STREET ADDRESS	<b>3001 BAMBOO ST</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000 33950</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, PATRICIA</b>	
STREET ADDRESS	<b>1762 QUEEN PALM WAY</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, ROBERT D</b>	
STREET ADDRESS	<b>1762 QUEEN PALM WAY</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATER, EARL C</b>	
STREET ADDRESS	<b>955 DON JUAN CT.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia S. Slater **3/12/01** **941(423-7469)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 1/03

CR2E034 (10/00)