

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 025 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1614656

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

**ONUSHCO, MICHAEL E.
1220 VIA TRIPOLI
PUNTA GORDA FL 33950**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, EARL C.	
STREET ADDRESS	955 DON JUAN COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ONUSHCO, MICHAEL E	
STREET ADDRESS	1220 VIA TRIPOLI	
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ONUSHCO, MICHAEL W	
STREET ADDRESS	3001 BAMBOO ST	
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLATER, PATRICIA	
STREET ADDRESS	1762 QUEEN PALM WAY	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLATER, ROBERT D	
STREET ADDRESS	1762 QUEEN PALM WAY	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **(941) 423-7469**
Date Daytime Phone #

CR2E034 (9/01)