

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90520 034 ****61.25

DOCUMENT # 701864

1. Entity Name
THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.



Principal Place of Business

**8668-J PARK BLVD.
SEMINOLE FL 34647-4348**

Mailing Address

**8668-J PARK BLVD.
SEMINOLE FL 34647-4348**

11004217



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0916382**

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

**DALRYMPLE, MADELEINE J
5401 101 AVE. NORTH
PINELLAS PARK FL 33782**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ROTTLOFF, WAWNDA M**
STREET ADDRESS **2527 66 TERRACE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SOSBEY, MARYLOU MRS**
STREET ADDRESS **6716 37AVE. NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JONES, ANNA**
STREET ADDRESS **5075 STARFISH DR #B**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☒ Change ☐ Addition
NAME **VP JONES, ANNA**
STREET ADDRESS **13300 WALSINGHAM RD #33**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **VP** ☐ Delete
NAME **BARTON, ANTOINETTE**
STREET ADDRESS **6825 14 STREET SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MILLER, LENI MRS**
STREET ADDRESS **3563 100 AVE. NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **DALRYMPLE, MADELEINE J**
STREET ADDRESS **5401 101ST AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 00000**

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: *MADELEINE J DALRYMPLE*

4/18/2003 (727) 391-7627

CR2E037 (10/02)