

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 027 ****61.25

DOCUMENT # 702170

1. Entity Name

BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**4319 EHRICH RD
TAMPA FL 33624
US**

**4319 EHRICH RD
TAMPA FL 33624
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2359587

Applied For

Not Applicable

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

**LOIS M. KOSTROSKI
4319 EHRICH RD
TAMPA FL 33624**

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

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 **D** ☐ Delete
NAME **KOSTROSKI, LOIS**
STREET ADDRESS **4319 EHRILICH RD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Change ☒ Addition
NAME **Sandy Finkelstein**
STREET ADDRESS **600 Courtenay Pkwy.**
CITY-ST-ZIP **Herritt Island, FL 32953**

TITLE **D** ☒ Delete
NAME **KRAUSS, KEVIN**
STREET ADDRESS **8668 PARK BLVD**
CITY-ST-ZIP **SEMINOLE FL 34647**

TITLE **D** ☐ Change ☒ Addition
NAME **Barbara Stealy**
STREET ADDRESS **1453 Pasadena Ave S.**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **D** ☐ Delete
NAME **SCHUMACKER, JOE**
STREET ADDRESS **1389 NW 135TH AVE**
CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **D** ☒ Delete
NAME **BOJE, JEFF**
STREET ADDRESS **609 CRATER LANE**
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.