

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 702170

FILED  
Mar 20, 2003  
Secretary of State

**Entity Name:** BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.

## Current Principal Place of Business:

4319 EHRLICH RD  
TAMPA, FL 33624 US

## New Principal Place of Business:

2690 BABBITT AVE  
ORLANDO, FL 32833 US

## Current Mailing Address:

4319 EHRLICH RD  
TAMPA, FL 33624 US

## New Mailing Address:

2690 BABBITT AVE  
ORLANDO, FL 32833 US

**FEI Number:** 59-2359587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

LOIS M. KOSTROSKI  
4319 EHRLICH RD  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

PAM V. LUTHER  
2690 BABBITT AVE  
ORLANDO, FL 32833 US

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: PAM V LUTHER

03/20/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KOSTROSKI, LOIS,  
Address: 4319 EHRLICH RD  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: SCHUMACKER, JOE  
Address: 1389 NW 135TH AVE  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete  
Name: FINKESLSTEIN, SANDY  
Address: 600 COURTENAY PKWY.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: STEALY, BARBARA  
Address: 1453 PASADENA AVE. SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LUTHER, PAM,  
Address: 2690 BABBITT  
City-St-Zip: ORLANDO, FL 32833

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM V. LUTHER

D

03/20/2003

Electronic Signature of Signing Officer or Director

Date