

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702681

1. Entity Name

FLORIDA WOMEN'S BOWLING ASSOCIATION, INC..

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90102 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

134743 HWY 98 BY-PASS  
DADE CITY FL 33526-1166  
US

PO BOX 1166  
DADE CITY FL 33526-1166  
US

2. Principal Place of Business

14119 - 7th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

City & State

4. FEI Number

59-0920709

Applied For

Not Applicable

Zip

33525

Country

U.S.A.

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AUTON, KATHERYN M  
13743 HWY 98 BY-PASS  
DADE CITY FL 33525

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

*Katheryn M. Auton* (Katheryn M. Auton)

1-28-00

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

TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, GINNY	
STREET ADDRESS	9510 SW 19TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MADDUX, TONI	
STREET ADDRESS	821 PALMETTO ST	
CITY-ST-ZIP	NEW SMYRNA FL 32170	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AUTON, KATHERYN M	
STREET ADDRESS	13743 HWY 98 BY-PASS	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN V	
STREET ADDRESS	2446 - 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHALLA, PILAR	
STREET ADDRESS	3019 SPRUCE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMALLWOOD, GLADYS	
STREET ADDRESS	246 E 45TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME		
STREET ADDRESS	14119 - 7th Street	
CITY-ST-ZIP	Dade City, FL 33525	
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		

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:

*Katheryn M. Auton* (Katheryn M. Auton)

Date

Daytime Phone #

1-28-00 352-521-3660