

201 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90116 030 ****61.25

DOCUMENT # 702736

1. Entity Name

AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUND

Principal Place of Business

**703 OJAI AVE
SUN CITY CNTR FL 33573
US**

Mailing Address

**703 OJAI AVE
SUN CITY CNTR FL 33573
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

95-3123143

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

**PHILLIPS, JOHN L
703 OJAI AVE
SUN CITY CENTER FL 33573**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
PHILLIPS, JOHN
703 OJAI AVE
SUN CITY CENTER FL 33573** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
PHILLIPS, JOHN
703 OJAI AVE
SUN CITY CENTER FL 33573** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TURMAN, RAYMOND
1954 WOLF LAUREL DR
SUN CITY CNTR FL 33573** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEGENHARDT, KENNETH P
1209 E ROADSMEET ST
MILWAUKEE WI 53212** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, COLIN
43 ONRIDE AVE
LAKE HIAWATHA NJ 07034** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEST, GEORGE
1506 N ORCHARD
TACOMA WA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASHTON-PHILLIPS, MICHAEL
1764 N. FAIRFAX AVENUE
LOS ANGELES CA** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODRUFF OGDEN
2175 Laxiat Lane
Walnut Creek, CA 94596** ☐ Change ☒ Addition

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:

Signature of John L. Phillips (JOHN L. PHILLIPS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 2001 813-634-7489

Date

Daytime Phone #

CR2E037 (10/00)