

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90088 022 ****61.25

0032150

DOCUMENT # 704525

1. Corporation Name

GREATER MIAMI BOWLING ASSOCIATION, INC.

Principal Place of Business
7165 S W 47TH ST #316
MIAMI FL 33155

Mailing Address
7165 S W 47TH ST #316
MIAMI FL 33155



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/14/1962

4. FEI Number

59-1038427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARPER, HAROLD J.
7165 S W 47TH ST #316
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **BOLLER, PAUL**
STREET ADDRESS **14455 SW 98 CT.**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **ST** ☐ DELETE
NAME **HARPER, HAROLD J.**
STREET ADDRESS **7165 SW 47TH ST. #316**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, TIMOTHY**
STREET ADDRESS **11705 S.W. 81ST ROAD**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** ☐ DELETE
NAME **DELEONARDIS, JAMES**
STREET ADDRESS **11225 SW 109TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ DELETE
NAME **HUNTER, STEPHEN J**
STREET ADDRESS **12945 SW 66TH TERRACE DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **BOONE, DAVE**
STREET ADDRESS **11260 NW 21 CT.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

305 665-2225

Daytime Phone #

CR2E037 (11/98)