

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90714 028 ****61.25

DOCUMENT # 704525

1. Entity Name

GREATER MIAMI BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7165 S W 47TH ST #316
 MIAMI FL 33155**

**7165 S W 47TH ST #316
 MIAMI FL 33155**

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

59-1038427

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

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

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 date 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** ☐ Delete
 NAME **BOLLER, PAUL**
 STREET ADDRESS **14455 SW 98 CT.**
 CITY-ST-ZIP **MIAMI FL**

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

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

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

TITLE **P** ☐ Delete
 NAME **SCHEMER, PHILIP**
 STREET ADDRESS **10221 SW 142ND ST**
 CITY-ST-ZIP **MIAMI FL 33176**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D LEVARTY, RUDOLPH**
 STREET ADDRESS **9110 LITTLE RIVER DR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **SCHRADER, MICHAEL**
 STREET ADDRESS **24 OVIEDO AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

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:

Harold J. Harper **Harold J. Harper** 4/2/02 305 665-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)