

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705019

1. Entity Name

GREATER JACKSONVILLE BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3622 ST. JOHNS AVE.  
JACKSONVILLE FL 32205

3622 ST. JOHNS AVE.  
JACKSONVILLE FL 32205-9065

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

51-0135716

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

VOELKER, TED J  
2462 BLACKBEARD DR.  
JACKSONVILLE FL 32224

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

*Ted J. Voelker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/2000  
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	<input type="checkbox"/> Delete
DP	VOELKER, TED J	2462 BLACKBEARD DR.	JACKSONVILLE FL 32224	<input type="checkbox"/>
VPD	STILL, DONALD D	8985 NORMANDY BLVD. #151	JACKSONVILLE FL 32221	<input type="checkbox"/>
2V	FUNCK, VICTOR	5105 BILKEN DRIVE EAST	JACKSONVILLE FL 32210	<input type="checkbox"/>
S	HILL, DIANE	7860 GEORGIA JACK DR. N.	JACKSONVILLE FL 32210	<input type="checkbox"/>
T	LOWMAN, JOHN P	5823 BLACKTHORN RD	JACKSONVILLE FL 32244	<input type="checkbox"/>
3V	ROBINSON, JAMES G	PO BOX 2391	JACKSONVILLE FL 32203	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #