

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705019

1. Entity Name

GREATER JACKSONVILLE BOWLING ASSOCIATION, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90050 013 ****61.25

Principal Place of Business

3622 ST. JOHNS AVE.
JACKSONVILLE FL 32205

Mailing Address

3622 ST. JOHNS AVE.
JACKSONVILLE FL 32205

2. Principal Place of Business

PO BOX 440669

3. Mailing Address

PO BOX 440669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

Country

32222-0008

DUVAL

Zip

Country

32222-0008

DUVAL

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

VOELKER, TED J
2462 BLACKBEARD DR.
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
FUNCK, VICTOR M.
Street Address (P.O. Box Number is Not Acceptable)
5105 BILKEN DRIVE EAST

City
JACKSONVILLE, FL
Zip Code
32210

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 *Victor M. Funck* Victor M. Funck

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

(NOTE: Registered Agent signature required when reinstating)

18 Jan 01
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 NAME	DP VOELKER, TED J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2462 BLACKBEARD DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE NAME	VPD STILL, DONALD D	<input type="checkbox"/> Delete
STREET ADDRESS	8985 NORMANDY BLVD. #151	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE NAME	2V FUNCK, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5105 BILKEN DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE NAME	S HILL, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	7860 GEORGIA JACK DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE NAME	T LOWMAN, JOHN P	<input type="checkbox"/> Delete
STREET ADDRESS	5823 BLACKTHORN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE NAME	3V ROBINSON, JAMES G	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 2391	
CITY-ST-ZIP	JACKSONVILLE FL 32203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP FUNCK, VICTOR M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5105 BILKEN DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	2V LIMMER, ROGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7860 GEORGIA JACK DR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Victor M. Funck* Victor M. Funck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 01
Date

904-779-7380
Daytime Phone #

CR2E037 (10/00)