

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90231 044 ****61.25

0050100

DOCUMENT # 705019

1. Entity Name

GREATER JACKSONVILLE BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 440669
 JACKSONVILLE FL 32222-0008

PO BOX 440669
 JACKSONVILLE FL 32222-0008

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

FUNK, VICTOR A
5105 BILKEN DRIVE EAST
JACKSONVILLE FL 32210

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Limer	
STREET ADDRESS	7860 Georgia Jack Dr. N.	
CITY-ST-ZIP	Jax, FL 32244	
TITLE	2V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swanson, Tom	
STREET ADDRESS	9838 Old Baymeadows Rd #249	
CITY-ST-ZIP	Jax, FL 32256	
TITLE	4V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, James	
STREET ADDRESS	1713 La Tour PL	
CITY-ST-ZIP	Jax, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

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

11 MAR 02 **904 779 7380**
 Date Daytime Phone #

CR2E037 (9/01)