

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90132 014 \*\*\*\*61.25

**DOCUMENT # 707114**

1. Entity Name

**PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMERICAN BOWLING CONGRESS**



Principal Place of Business

**3951 HAVERHILL ROAD  
SUITE 210  
WEST PALM BEACH FL 33417  
US**

Mailing Address

**3951 HAVERHILL ROAD  
SUITE 210  
WEST PALM BEACH FL 33417  
US**

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 **23-7457070**

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

**PRYOR, GEORGE  
661 CASPER AVE  
WEST PALM BCH FL 33413**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **BYRD, CHARLES**  
STREET ADDRESS **4408 DAFODIL CIRCLE**  
CITY-ST-ZIP **PALM BEACH GRDNS FL 33410**

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

TITLE **AST** ☐ Delete  
NAME **SERDEL, GARY**  
STREET ADDRESS **2319 LEWIS RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **SD** ☐ Delete  
NAME **PRYOR, GEORGE**  
STREET ADDRESS **661 CASPER AVE**  
CITY-ST-ZIP **W PALM BCH FL**

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

TITLE **P** ☐ Delete  
NAME **GAYDOS, STEVE**  
STREET ADDRESS **114 LA MANCHA AVE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE **P** ☐ Delete  
NAME **MCCLOSKEY, DAVID**  
STREET ADDRESS **104 WILSON ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33408**

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

TITLE **VP** ☐ Delete  
NAME **BIONDOLINO, RICK**  
STREET ADDRESS **13356 52ND CT. N.**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ 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** *GARY SERDEL 1-25-03 561-660-4683*

CR2E037 (10/02)