

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717536

1. Entity Name

TAMPA BOWLING ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90027 003 ****61.25

Principal Place of Business

7944 WOODGROVE CIRCLE
TAMPA FL 33615
US

Mailing Address

P.O. BOX 20829
TAMPA FL 33622-0829
US

2. Principal Place of Business

10701 AL CAPONE RD.
Suite, Apt. #, etc.

3. Mailing Address

10701 AL CAPONE RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-2377852

Applied For

Not Applicable

Zip

33624

Country

HILLSBOROUGH

Zip

33624

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, GREG
7944 WOODGROVE CIRCLE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

LLOYD FLOYD

Street Address (P.O. Box Number is Not Acceptable)

10701 AL CAPONE RD.

City

TAMPA

FL

Zip Code

33624

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]

[Signature]

2-7-00

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

TITLE PO
NAME GATON, BOB
STREET ADDRESS 6642 WINDING OAK DR
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VP
NAME NEMETH, STEVE
STREET ADDRESS 11738 N OLA
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE TD
NAME GIRARD, RALPH
STREET ADDRESS 4909 OKARA RD.
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE SD
NAME WOLF, GREG
STREET ADDRESS 7944 WOODGROVE CIRCLE
CITY-ST-ZIP TAMPA FL 33615 ☒ Delete

TITLE VP
NAME ADKINS, BILL
STREET ADDRESS 11510 EAST BAY ROAD
CITY-ST-ZIP GIBSONTON FL 33534 ☐ Delete

TITLE VP
NAME NICKLIN, JOHN
STREET ADDRESS 12110 LAKE CARROLL DR
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME GARON, ROBERT A. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP TAMPA, FL. 33625

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

TITLE TD
NAME HUGHES, LEVY
STREET ADDRESS 1151 HAWTHORN ST
CITY-ST-ZIP ZEPHYRHILLS, FL. 33540 ☒ Change ☐ Addition

TITLE SD
NAME FLOYD, LLOYD
STREET ADDRESS 10701 AL CAPONE RD
CITY-ST-ZIP TAMPA, FL. 33624 ☒ Change ☐ Addition

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

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

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] ROBERT A. GARON

2/17/00

(813)932-8979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-29-2000