FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # 717536 Secretary of State 1. Entity Name 02-05-2002 90078 043 ****61.25 TAMPA BOWLING ASSOCIATION, INC. Principal Place of Business Mailing Address 10701, AL CAPONE-RD 10701 AL CAPONE RD TAMPA FL 33824 TAMPA_FL 33624 2. Principal Place of Business 28403 OPPNF1.eLD LF 3. Mailing Address OANFIELD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2377852 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UCILER Street Address (P. FLOYD, LLOYD 10701-AL CARONE RD **TAMPA FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE \$ \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/04) PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Vale, DICK NAME STREET ADDRESS 7413 HANCOCK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NEMETH, STEVE NAME STREET ADDRESS 11738 N OLA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA*FL - * ~ Addition TITLE ☐ Delete TITLE ☐ Change NAME Wolf, Gregory G NAME STREET ADDRESS STREET ADDRESS 4802 BRUTON ROAD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 SD Change TITLE TITLE ■ Addition TUCKER FLOYD, LLOYD NAME NAME 8403 OPENFIELD LOOP STREET ADDRESS 10701 AL CAPONE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tampa FL 33624 Change TITLE ☐ Defete TITLE Addition ADKINS, BILL NAME NAME STREET ADDRESS STREET ADDRESS 11510 EAST BAY ROAD CITY-ST-ZIP CITY-ST-7/P GIBSONTON FL 33534 ☐ Change **VP** ☐ Addition TITLE TITLE ☐ Delete HARRIS, JOE NAME NAME

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 pressee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1316 E FLORA

TAMPA FL 33604

STREET ADDRESS