

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726733

1. Entity Name

THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANC

Principal Place of Business

2080 C.R. 412  
LAKE PANASOFFKEE FL 33538  
US

Mailing Address

P.O. BOX 70  
LAKE PANASOFFKEE FL 33538-0070  
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

59-1554900

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

PIDGEON, PATRICIA  
2080 C.R. 412  
LAKE PANASOFFKEE FL 33538

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 P ☐ Delete  
NAME VALANZANO, JERRY  
STREET ADDRESS 2209 KINGFISHER CT  
CITY-ST-ZIP PENSACOLA FL 32534

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

TITLE ST ☐ Delete  
NAME PIDGEON, PATRICIA A  
STREET ADDRESS 2080 C.R. 412 N/A  
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

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

TITLE VP ☐ Delete  
NAME WESTFALL, ANN  
STREET ADDRESS 306 N VILLA DR  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE D ☐ Delete  
NAME LANDEN, MILLIE  
STREET ADDRESS 191 CUMBERLAND AVE  
CITY-ST-ZIP ORMOND BCH FL 32174

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

TITLE D ☐ Delete  
NAME TICE, SCOTT  
STREET ADDRESS 2320 NE 39TH ST  
CITY-ST-ZIP Ocala FL 34479

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

TITLE D ☐ Delete  
NAME LIVESAY, ELEANOR  
STREET ADDRESS 3751 N.E. 24 AVE.  
CITY-ST-ZIP LIGHTHOUSE POINT FL

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK A. PIDGEON 2-27-00 352-793-2817



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)