

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90229 017 \*\*\*\*61.25

**DOCUMENT # 726733**

1. Entity Name

**THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANC**

Principal Place of Business

Mailing Address

**2080 C.R. 412  
 LAKE PANASOFFKEE FL 33538  
 US**

**P.O. BOX 70  
 LAKE PANASOFFKEE FL 33538  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>VALANZANO, JERRY<br/>2209 KINGFISHER CT<br/>PENSACOLA FL 32534</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>ST<br/>PIDGEON, PATRICIA A<br/>2080 C.R. 412 N/A<br/>LAKE PANASOFFKEE FL-33538</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>VP<br/>WESTFALL, ANN<br/>306 N VILLA DR<br/>FRUITLAND PARK FL 34731</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>D<br/>LANDEN, MILLIE<br/>191 CUMBERLAND AVE<br/>ORMOND BCH FL 32174</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D<br/>TICE, SCOTT<br/>2320 NE 39TH ST<br/>OCALA FL 34479</b>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D<br/>LIVESAY, ELEANOR<br/>3751 N.E. 24 AVE.<br/>LIGHTHOUSE POINT FL</b>           |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PRESIDENT<br/>ANN WESTFALL<br/>306 N. VILLA DR.<br/>FRUITLAND PARK, FL. 34731</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VICE PRESIDENT<br/>PATSY WEDDING<br/>2675 DESOTO WAY S.<br/>ST. PETERSBURG, FLORIDA 33712</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D<br/>JOYCE WETMORE<br/>178 RIDGEWOOD AVE<br/>ORMOND BCH, FL. 32174</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**  
 Date

**407-543-1492**  
 Daytime Phone #

CR2E037 (10/00)