

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733465

1. Entity Name

BROWARD COUNTY JUNIOR BOWLING ASSOCIATION, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90057 004 ****61.25

Principal Place of Business

3751 N.E. 24TH AVE.
 LIGHTHOUSE PT. FL 33064

Mailing Address

3751 N.E. 24TH AVE.
 LIGHTHOUSE PT. FL 33064

2. Principal Place of Business

9716 NEVADA PL

Suite, Apt. #, etc.

3. Mailing Address

9716 NEVADA PL

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33434

Country

PALESTINE

Zip

33434

Country

PALESTINE

4. FEI Number

59-2739742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVESAY, ELEANOR R.

3751 N.E. 24TH AVE.

LIGHTHOUSE PT. FL 33064

7. Name and Address of New Registered Agent

Name

JUDY FRAGOSO

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

9716 NEVADA PL

City

BOCA RATON

FL

Zip Code

33434

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

Judy Fragoso

SECRETARY-TREASURER

9/2/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BILLINGS, LIBBY 4730 LINCOLN HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARROR, AGNES 2161 N E 6868 ST #307 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIVESAY, ELEANOR 3751 NE 24TH AVE LIGHTHOUSE PT, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFER, GARY 9350 NW 20TH PLACE SUNRISE FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWENSON, ROLAND 10282 NW 31 ST CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUDY FRAGOSO 9716 NEVADA PL BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

Judy Fragoso

9/2/00

561-477-5068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)