

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736560

1. Entity Name

SOUTH BROWARD WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

8830 NW 8 ST  
PEMBROKE PINES FL 33024  
US

Mailing Address

1940 N UNIVERSITY DR  
PEMBROKE PINES FL 33024  
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

59-1696378

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

TROMBINI, JOYCE  
1940 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

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 PD ☐ Delete  
NAME BILLINGS, LIBBY  
STREET ADDRESS 4730 LINCOLN ST  
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE SD ☐ Delete  
NAME TROMBINI, JOYCE  
STREET ADDRESS 8830 NW 8 ST  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE VPD ☐ Delete  
NAME SCHWEINER, MARTHA  
STREET ADDRESS 6871 W LONGBOW BEND  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE VPD ☒ Change ☐ Addition  
NAME Schulziner, Martha  
STREET ADDRESS 6871 W. Longbow Bend  
CITY-ST-ZIP Ft. Lauderdale, FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2/12/2002 954-432-5520

FILED  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90008 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)