

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90111 001 \*\*\*\*61.25

**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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1696378**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joyce Trombini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03  
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  
Florida 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 **PD** ☒ Change ☐ Addition  
NAME **Schuldiner, Martha**  
STREET ADDRESS **6871 W. Longbow Bend**  
CITY-ST-ZIP **Ft Lauderdale FL 33331**

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 **SCHULDINER, MARTHA**  
STREET ADDRESS **6871 W LONGBOW BEND**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Cobb, Martha**  
STREET ADDRESS **12950 SW 10 CT**  
CITY-ST-ZIP **Davie, FL 33325**

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**

4/14/03 954-432-5500

CR2E037 (10/02)