

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753791

1. Entity Name

FLORIDA WHEELCHAIR BOWLING ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90072 032 ****61.25

Principal Place of Business

Mailing Address

5809 NE 21 AVE.
FT. LAUDERDALE FL 33308

5809 NE 21 AVE.
FT. LAUDERDALE FL 33308-2433

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

59-2936231

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

SNYDER, GEORGE H
5809 NE 21 AVE
FT LAUDERDALE FL 33308

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 SD ☒ Delete
NAME GOLDBERG, JULIUS
STREET ADDRESS 10310 EAST CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE SD ☒ Change ☐ Addition
NAME Walbert, Paul
STREET ADDRESS 4202 Skipper Rd #71
CITY-ST-ZIP Tampa, FL 33613

TITLE TD ☐ Delete
NAME WEBBER, WAYNE
STREET ADDRESS 1533 PELICAN PLACE
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE PD ☒ Delete
NAME MATHIS, JAMES
STREET ADDRESS 1806 WATERBEACH CT
CITY-ST-ZIP APOPKA FL

TITLE PD ☒ Change ☐ Addition
NAME Annis, Earle
STREET ADDRESS 2919 Country Woods Lane
CITY-ST-ZIP Palm Harbor, FL 34683

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:

W. A. G. N. A. D. E. W. B. L. E. R. D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)