

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90022 014 \*\*\*\*61.25

**DOCUMENT # 753791**

1. Entity Name

**FLORIDA WHEELCHAIR BOWLING ASSOCIATION, INC.**

Principal Place of Business

5809 NE 21 AVE.  
 FT. LAUDERDALE FL 33308

Mailing Address

5809 NE 21 AVE.  
 FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1533 Pelican Place**

Suite, Apt. #, etc.

**Palm Harbor**

City & State

**Florida**

3. Mailing Address

**1533 Pelican Place**

Suite, Apt. #, etc.

**Palm Harbor**

City & State

**Florida**

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

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

7. Name and Address of New Registered Agent

Name **Wayne Webber**

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

**1533 Pelican Place**

**Palm Harbor, FL**

City

**FL**

Zip Code

**34683**

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

**Wayne A. Webber**

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

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

TITLE **SD** ☐ Delete  
 NAME **WALBART, PAUL**  
 STREET ADDRESS **4202 SKIPPER RD #71**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **PD** ☐ Delete  
 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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

**WAYNE WEBBER**

**Wayne Webber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)