

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759614

1. Entity Name

GREATER ORLANDO YOUTH BOWLING ASSOCIATION, INC.

Principal Place of Business

1709 YVONNE ST
APOPKA FL 32712
US

Mailing Address

POST OFFICE BOX 4004
APOPKA FL 32704-4004
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAXSON, GREG
1709 YVONNE ST
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME GARRETT, J J
STREET ADDRESS 330 S ORLANDO AVE
CITY-ST-ZIP MAITLAND FL

TITLE VP ☒ Delete
NAME CISSNA, WILDA
STREET ADDRESS 2001 CASCADES BLVD #101
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☒ Delete
NAME NATALE, BETTY
STREET ADDRESS 1 WEST HAZEL POST OFFICE BOX 547565
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ Delete
NAME PAXSON, GREG
STREET ADDRESS 1709 YVONNE ST
CITY-ST-ZIP APOPKA FL

TITLE D ☒ Delete
NAME DAMSKE, BOB
STREET ADDRESS 2448 LAWANA DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ Delete
NAME MYERS, HELEN
STREET ADDRESS 1291 GLADIOLAS DRIVE
CITY-ST-ZIP ORLANDO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME GARRETT, J.J.
STREET ADDRESS 7413 OMEGA AVE
CITY-ST-ZIP WINTER PARK FL 32782

TITLE VP ☐ Change ☒ Addition
NAME CURTIS, CHARLES
STREET ADDRESS 1131 CREEK WOODS CR
CITY-ST-ZIP ST CLOUD FL 34772

TITLE D ☐ Change ☒ Addition
NAME YUKNAVAPE, LISA
STREET ADDRESS 1801 ROUSE RD
CITY-ST-ZIP ORLANDO FL 32817

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

TITLE D ☐ Change ☒ Addition
NAME SAL CECERE
STREET ADDRESS 7516 QUAIL CT
CITY-ST-ZIP ORLANDO FL 32819

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:

Gregory C Paxson **Gregory C Paxson** 2/16/00 407-836-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90079 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0121256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)