

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90475 032 ****61.25

0021741

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 BOX4004
 APOPKA FL 32704-004
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0121256

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

PAXSON, GREG
 1709 YVONNE ST
 APOPKA FL 32712

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 D ☐ Delete
 NAME GARRETT, J J
 STREET ADDRESS 7413 OMEGA AVE
 CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE VP ☐ Delete
 NAME CURTIS, CHARLES
 STREET ADDRESS 1131 CREEK WOODS CIR
 CITY-ST-ZIP SAINT CLOUD FL 34772

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

TITLE D ☐ Delete
 NAME YUKNAVAGE, LISA
 STREET ADDRESS 1801 ROUSE RD
 CITY-ST-ZIP ORLANDO FL 32817

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

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

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

TITLE D ☐ Delete
 NAME CECERE, SAL
 STREET ADDRESS 7516 QUAIL CT
 CITY-ST-ZIP ORLANDO FL 32819

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01

407.836-4002

CR2E037 (10/00)