

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90002 038 \*\*\*\*61.25

**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

Zip

Country

Zip

Country

4. FEI Number

**65-0121256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

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

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

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-02**

**321-436-9735**

CR2E037 (9/01)