

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90315 049 ****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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Robert Endicott**
STREET ADDRESS **418 Kings Eagle Ln**
CITY-ST-ZIP **Apopka FL 32712**

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

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

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

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

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

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

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

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

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 1-21-03 321-436-9735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)