

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90031 050 ***150.00

DOCUMENT # K53747

1. Entity Name

COMPETITION BOWLING & TROPHY, INC.

Principal Place of Business

% JOHN DAVID HUNT
 2129 WEST FAIRBANKS AVENUE
 WINTER PARK FL 32789

Mailing Address

% JOHN DAVID HUNT
 2129 WEST FAIRBANKS AVENUE
 WINTER PARK FL 32789-4507

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 **59-2929914**

Applied For

Not A...

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

HUNT, JOHN DAVID
 2129 WEST FAIRBANKS AVE
 WINTER PARK FL 32789

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May B
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **HUNT, JOHN DAVID**
 STREET ADDRESS **2206 BEATRICE DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☒ Change ☐ Add
 NAME **Joseph C. Sanfilippo**
 STREET ADDRESS **942 Lake Destiny Dr #G**
 CITY-ST-ZIP **Altamonte Springs, FL, 32714**

TITLE **ST** ☐ Delete
 NAME **HUNT, JAMES R**
 STREET ADDRESS **2206 BEATRICE DR.**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **S/T** ☒ Change ☐ Add
 NAME **JOHN DAVID HUNT**
 STREET ADDRESS **2750 OCEAN SHORE DR. #50**
 CITY-ST-ZIP **ORLANDO BEACH, FL, 32176**

TITLE **VP** ☐ Delete
 NAME **JOSEPH C. SANFILIPPO**
 STREET ADDRESS **1010 WOODALL**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VP** ☒ Change ☐ Add
 NAME **JAMES R. HUNT**
 STREET ADDRESS **2701 NW 23RD AVE P125**
 CITY-ST-ZIP **GAINESVILLE, FL, 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John David Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00
 Date

407-647-2411
 Daytime Phone #