7/31/01-90005-003-$61.25-$61.25

7/31/0

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000892

1. Entity Name

ST. LUCIE COUNTY WOMEN'S BOWLING ASSOCIATION, IN

FILED
01 OCT 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 911 SKYLARK DR<br>FT PIERCE FL 34982 | 911 SKYLARK DR<br>FT PIERCE FL 34982 |

| 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 59-0218717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, ANGIE
911 SKYLARK DR
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name: Belinda Quillet
Street Address (P.O. Box Number is Not Acceptable): 3401 Delaware Avenue
City: Fort Pierce FL Zip Code: 34947

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: Belinda Quillet 9/21/01
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**
**After September 12, 2001, min. will be $236.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MCKENZIE, ANGIE<br>911 SKYLARK DR<br>FT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SMILEY, JOANN<br>518 N 25TH ST<br>FT PIERCE FL 34947 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>LAMBERT, ELEANOR<br>1707 N 27TH ST<br>FT PIERCE FL 34947 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ST D / NAME / STREET ADDRESS / CITY-ST-ZIP | Dorothy Lehmer - Secretary<br>2305 Matanzas Avenue<br>Fort Pierce, Fla. 34946 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE S / NAME / STREET ADDRESS / CITY-ST-ZIP | [illegible] | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE Pres. D / NAME / STREET ADDRESS / CITY-ST-ZIP | Belinda Quillet<br>3401 Delaware Avenue<br>Fort Pierce, Florida 34947 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (5/01)

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:** Dorothy Lehmer 7/24/2001 561-461-6342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #