

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90005 011 ****61.25

DOCUMENT # NO1000002408

1. Entity Name

CITRUS COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

**9050 E ROAN LANE
 INVERNESS FL**

Mailing Address

**9050 E ROAN LANE
 INVERNESS FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2019 S. GLENEAGLE

Suite, Apt. #, etc.

2019 S. GLENEAGLE

City & State

LECANTO FL

City & State

LECANTO FL

Zip

34451

Country

CITRUS

Zip

34451

Country

CITRUS

4. FEI Number

65-1103573

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEEDEN, CAROL M
 9050 E ROAN LANE
 INVERNESS FL**

7. Name and Address of New Registered Agent

Name

CHIASSON, BRENDA

Street Address (P.O. Box Number is Not Acceptable)

2019 S. GLENEAGLE

City

LECANTO

FL

Zip Code

34451

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

Brenda Chiasson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/02

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 | D | <input type="checkbox"/> Delete |
| NAME | BARLOW, FRANCES M | |
| STREET ADDRESS | 23680 NW COLUMBINE | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEEDEN, CAROL M | |
| STREET ADDRESS | 9050 E ROAN LANE | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KUSS, JUDY | |
| STREET ADDRESS | P O BOX 208 | |
| CITY-ST-ZIP | HOMOSASSA FL 34487 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHIASSON, BRENDA | |
| STREET ADDRESS | 2019 S. GLENEAGLE | |
| CITY-ST-ZIP | LECANTO, FL 34451 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUNTER, CATHY | |
| STREET ADDRESS | P.O. Box 4018 | |
| CITY-ST-ZIP | HOMOSASSA SPRINGS, FL 34447 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Frances M. Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 (352) 628-4231

Date

Daytime Phone #

CR2E037 (9/01)