


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

DOCUMENT # *NO1000002408*

1. Entity Name  
*Citrus County Women's Bowling Association, Inc.*



04 MAR -3 AM 8:45

TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>2019 S. Glenaege Ter.</i>	3. Mailing Address <i>2019 S. Glenaege Ter.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Lecanto, Fl.</i>	City & State <i>Lecanto, Fl.</i>
Zip <i>34461</i>	Country <i>Citrus</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1103573</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>Brenda Chiasson</i>
Street Address (P.O. Box Number is Not Acceptable) <i>2019 S. Glenaege Terrace</i>
City <i>Lecanto</i>
State <i>FL</i>
Zip Code <i>34461</i>

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 *Brenda Chiasson* DATE *3/1/04*

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Barlow, Frances 23680 NW Columbine Dunnellon Fl. 34431</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>100029810571 03/03/04-01045-001 **\$1.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>1st Vice President Hunter, Cathy P.O. Box 4018 Homosassa Springs Fl. 34447</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>2nd Vice President Ackerman, Tina 5964 W. Sophia Lane Dunnellon, Fl. 34433</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Secretary/Treasurer Chiasson, Brenda 2019 S. Glenaege Ter. Lecanto, Fl. 34461</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Brenda Chiasson* *BRENDA CHIASSON, Sec* 3/1/04 352628-4231

CR2E037B (12/02)