

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-03-2003 90306 007 ****61.25

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1. Entity Name

CHARLOTTE COUNTY WOMEN'S BOWLING ASSOCIATION, IN C.



Principal Place of Business

**1588 RADA LN
N PORT FL 34287**

Mailing Address

**P.O. BOX 380547
MURDOCK FL 33938-0547**

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

51-0187429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HALL, KAREN S
1588 RADA LN
N PORT FL 34287**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **EKISS, YVONNE J**
CITY-ST-ZIP **154 NORTHSHORE TERR
CHARLOTTE HARBOR FL 33980**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GARCIA, ANGELA**
CITY-ST-ZIP **23184 RANGER AVE
PORT CHARLOTTE FL 33954**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **JOBST, TINA M**
CITY-ST-ZIP **2495 IVANHOE ST
PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRAIG, SARA L**
CITY-ST-ZIP **7895 NE HWY 17
ARCADIA FL 34268**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FREDERICKS, AMIEE M**
CITY-ST-ZIP **1210 TIFT
PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOULD, MARION V**
CITY-ST-ZIP **2486 CARING WAY #10A
PORT CHARLOTTE FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ 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: *Karen S Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/03

941/423-0234

Date

Daytime Phone #

CR2E037 (10/02)