

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28525

1. Entity Name

COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90221 050 ****61.25

Principal Place of Business
C/O DIANA HOLMBECK
103 PALMETTO DUNES CIRCLE
NAPLES FL 34113
US

Mailing Address
C/O DIANA HOLMBECK
103 PALMETTO DUNES CIRCLE
NAPLES FL 34113-7559
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3344966**

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

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

HOLMBECK, DIANA
103 PALMETTO DUNES CIRCLE
NAPLES FL 34113

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 *Diana L. Holmbek* 1/5/00
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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TEVERBAUGH, CHARLOTTE	
STREET ADDRESS	3243 NORSE CARRIAGE WAY, #7	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, SHARON	
STREET ADDRESS	201 QUAIL FOREST BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUICK, RAYE ANNE	
STREET ADDRESS	5880 24TH AVENUE NW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ESTELLE	
STREET ADDRESS	4735 DORANDO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWERS, MERLYN	
STREET ADDRESS	200 PEBBLE BEACH BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MARGIE	
STREET ADDRESS	3081 41ST STREET SW	
CITY-ST-ZIP	NAPLES FL	

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donoth Turner	
STREET ADDRESS	216 Piez E	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2893 Estey Ave	
CITY-ST-ZIP	Naples 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Measure	<input checked="" 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: *Estelle Carter* REQUESTED ESTELLE CARTER 1-5-00 941-775-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)