

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90114 037 \*\*\*\*61.25

**DOCUMENT # N28525**

1. Entity Name

**COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

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  
 US

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

**36-3344966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HOLMBECK, DIANA  
 103 PALMETTO DUNES CIRCLE  
 NAPLES FL 34113

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.

SIGNATURE

*Diana L. Holmbeck*

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

TITLE ☒ Delete  
 NAME **TEVERBAUGH, CHARLOTTE**  
 STREET ADDRESS **3243 NORSE CARRIAGE WAY, #7**  
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete  
 NAME **PRICE, SHARON**  
 STREET ADDRESS **201 QUAIL FOREST BLVD.**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
 NAME **TURNER, DOROTHY**  
 STREET ADDRESS **216 PIER E**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete  
 NAME **CARTER, ESTELLE**  
 STREET ADDRESS **2893 ESTEY AVE**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
 NAME **BOWERS, MERLYN**  
 STREET ADDRESS **200 PEBBLE BEACH BLVD**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete  
 NAME **WILSON, MARGIE**  
 STREET ADDRESS **3081 41ST STREET SW**  
 CITY-ST-ZIP **NAPLES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **Shelley Skinner**  
 STREET ADDRESS **1989 45th Terrace SW.**  
 CITY-ST-ZIP **Naples FL 34116**

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Estelle Carter* **ESTELLE CARTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

941-732-7775

Daytime Phone #

CR2E037 (10/00)