

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90162 027 ****61.25

DOCUMENT # N28525

1. Entity Name

COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O DIANA HOLMBECK
 103 PALMETTO DUNES CIRCLE
 NAPLES FL 34113
 US**

**C/O DIANA HOLMBECK
 103 PALMETTO DUNES CIRCLE
 NAPLES FL 34113
 US**



DO NOT WRITE IN THIS SPACE

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. Holmbeck*

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

(NOTE: Registered Agent signature required when reinstating)

1/15/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, SHELLEY	
STREET ADDRESS	1989 48TH TERRACE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, SHARON	
STREET ADDRESS	201 QUAIL FOREST BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, DOROTHY	
STREET ADDRESS	218 PIER E	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTER, ESTELLE	
STREET ADDRESS	2893 ESTEY AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, MERLYN	
STREET ADDRESS	200 PEBBLE BEACH BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	I	<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		<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 checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Jill Inchim	
CITY-ST-ZIP	3920 LEEWARD PAGES COURT	
	Bonita Springs, FL 34184	
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: *Diana L. Holmbeck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 774-3128
 Date Daytime Phone #

CR2E037 (9/01)