

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90151 032 \*\*\*\*61.25

0017312

**DOCUMENT # N31462**

1. Entity Name

**FLORIDA STATE BOWLING ASSOCIATION, INC.**

Principal Place of Business

%ROBERT CARR  
 4607 HAVRE WAY  
 PENSACOLA FL 32505

Mailing Address

%ROBERT CARR  
 4607 HAVRE WAY  
 PENSACOLA FL 32505



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

**23-7423441**

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

**CARR, ROBERT  
 4607 HAVRE WAY  
 PENSACOLA FL 32505**

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

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** ☐ Delete  
 NAME **GIBSON, GEORGE**  
 STREET ADDRESS **2 DONDANVILLE APT. 101**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

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

TITLE **D** ☐ Delete  
 NAME **COLINS, FRANK**  
 STREET ADDRESS **1820 BEDIVERE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **STD** ☐ Delete  
 NAME **CARR, ROBERT**  
 STREET ADDRESS **4607 HAVRE WAY**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☒ Delete  
 NAME **HUNTER, STEPHEN**  
 STREET ADDRESS **12945 SW 66TH TERR DR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JOE FRIENDS**  
 STREET ADDRESS **1306 SW 180 AVE**  
 CITY-ST-ZIP **PEMBROKE PINES, FL. 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 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: *Robert Carr* ROBERT CARR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10 JAN 01**

**850-438-0303**

Date

Daytime Phone #

CR2E037 (10/00)