

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90126 016 \*\*\*\*61.25

**DOCUMENT # N31462**

1. Entity Name

**FLORIDA STATE BOWLING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

%ROBERT CARR  
 4607 HAVRE WAY  
 PENSACOLA FL 32505

%ROBERT CARR  
 4607 HAVRE WAY  
 PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

% John J. GARRETT  
 Suite, Apt. #, etc.  
 7413 OMEGA ST.

7413 OMEGA ST.  
 Suite, Apt. #, etc.  
 WINTER PARK

City & State  
 WINTER PARK FL

City & State  
 FL

Zip  
 32792

Country  
 USA

Zip  
 32792

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
 23-7423441

Applied For  
 Not Applicable

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  
 JOHN J. GARRETT

Street Address (P.O. Box Number is Not Acceptable)

7413 OMEGA ST.

City  
 WINTER PARK

FL

Zip Code  
 32792

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]*

JOHN J. GARRETT

1/28/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, GEORGE 2 DONDANVILLE APT. 101 ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLINS, FRANK 1820 BEDIVERE LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARR, ROBERT 4607 HAVRE WAY PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, STEPHEN 12945 SW 66TH TERR DR MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GARRETT, THOMAS 1980 HEATHER ST. MT. DORA, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIRECTOR JOHN C. SPICER 35 JOYCE ST. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETERS, ROBERT 520 GRANT AVE LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

907-678-4622

Daytime Phone #

CR2E037 (9/01)