

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32438

1. Entity Name

FLORIDA SHRINE BOWL ASSOCIATION, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90096 001 \*\*\*122.50

0001436

Principal Place of Business

Mailing Address

3800 ST. JOHN'S BLUFF ROAD  
 PO BOX 16039  
 JACKSONVILLE FL 32245-6039

3800 ST. JOHN'S BLUFF ROAD  
 PO BOX 16039  
 JACKSONVILLE FL 32245-6039

77217



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

59-0143435

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

BRYANT, JOHN N.  
 1101 BLACKSTONE BLDG.  
 JACKSONVILLE FL 32202

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  
 After September 12, 2001, min. will be \$236.25

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

VP  
 WILLIAMS, ROGER  
 13691 LITTLE HARBOR CT  
 JACKSONVILLE FL 32225

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

P ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

P  
 DOSS, ARTHUR L  
 6289 NANCY DRIVE  
 JACKSONVILLE FL 32224

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

S ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

ED  
 PAPA, VICTOR H  
 1570 LEBARON AVENUE  
 JACKSONVILLE FL 32207

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DS  
 MOTLEY, JACK A SR  
 1369 BLACKHAWK TRAIL E.  
 JACKSONVILLE FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DT  
 DROUGHT, DONALD  
 7837 BAYMEADOWS CIR W  
 JACKSONVILLE FL 32256

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VP  
 DAVID NEWTON  
 1477 KATHLEEN WAY  
 GREEN COVE SPRINGS, FL 32043

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☒ 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 REQUIRED

*[Handwritten Signature]*

8-2-01

CR2E037 (5/01)