

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32438

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA SHRINE BOWL ASSOCIATION, INC.

## Current Principal Place of Business:

3800 ST. JOHN'S BLUFF ROAD  
PO BOX 16039  
JACKSONVILLE, FL 322456039

## New Principal Place of Business:

## Current Mailing Address:

3800 ST. JOHN'S BLUFF ROAD  
PO BOX 16039  
JACKSONVILLE, FL 322456039

## New Mailing Address:

FEI Number: 59-0143435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GOODING, DAVID M  
225 W WATER STREET  
JACKSONVILLE, FL 32202 US

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: DAVID M. GOODING

04/19/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, ROGER  
Address: 13691 LITTLE HARBOR CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: DOSS, ARTHUR L  
Address: 6289 NANCY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ED ( ) Delete  
Name: PAPA, VICTOR H  
Address: 1570 LEBARON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete  
Name: MOTLEY, JACK A SR  
Address: 1369 BLACKHAWK TRAIL E.  
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete  
Name: DROUGHT, DONALD  
Address: 7837 BAYMEADOWS CIR W  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: NEWTON, DAVID  
Address: 1477 KATHLEEN WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: THIGPEN, GARY  
Address: 535 BALD EAGLE ROAD  
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: NEWTON, DAVID  
Address: 1477 KATHLEEN WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NEWTON

P

04/19/2002

Electronic Signature of Signing Officer or Director

Date