

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90379 003 \*\*\*\*61.25

**DOCUMENT # N42529**

1. Entity Name

**THE TOURNAMENT BOWLING CLUB OF JACKSONVILLE, INC**

Principal Place of Business

**4740 MARLBORO CIRCLE E.  
 JACKSONVILLE FL 32206**

Mailing Address

**4740 MARLBORO CIRCLE E.  
 JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3120732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, YVONNE  
 4740 MARLBORO CIRCLE  
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

TITLE **DP** ☐ Delete  
 NAME **WANTON, JANETTE**  
 STREET ADDRESS **9441 SPOTTSWOOD RD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☒ Delete  
 NAME **FAVORS, WINIFRED**  
 STREET ADDRESS **RT 1 BOX 286-B**  
 CITY-ST-ZIP **HILLIARD FL**

TITLE **DT** ☐ Delete  
 NAME **MULLER, DOROTHY**  
 STREET ADDRESS **855 W. 31ST ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☐ Delete  
 NAME **CARR, COLETTE**  
 STREET ADDRESS **108 DORIS STREET**  
 CITY-ST-ZIP **ST. MARY'S GA 31558**

TITLE **DM** ☐ Delete  
 NAME **BRUNSWICK, JOANN C**  
 STREET ADDRESS **3223 EVERGREEN AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**S Mary Sykes** ☒ Change ☐ Addition  
**9626 Scadlocke Rd**  
**JACKSONVILLE, FL 32208**

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

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

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

**T Carolyn Alexander** ☐ Change ☒ Addition  
**10610 plum Hollow drive**  
**JACKSONVILLE, FL 32222**

CR2E037 (4/02)

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: **JANETTE WANTON**

7/27/02

904-764-7848