

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 019 ****61.25

DOCUMENT # N46175

1. Entity Name

PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, I

Principal Place of Business

**3923 LAKE WORTH RD
 #202
 LAKE WORTH FL 33461
 US**

Mailing Address

**3923 LAKE WORTH RD
 #202
 LAKE WORTH FL 33461
 US**

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

59-1268456

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

**COSTA, APRIL
 3602 VALLEY WAY
 W PALM BEACH FL 33406**

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.

(NOT : 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 PD ☐ Delete
 NAME STANNARD, REGINA
 STREET ADDRESS 17815 BRIAR PATCH TRAIL
 CITY-ST-ZIP BOCA RATON FL

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

TITLE VP ☐ Delete
 NAME HARVEY, LEE
 STREET ADDRESS 5802 BANANA RD
 CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE VP ☐ Delete
 NAME MCLEOD, FRAN
 STREET ADDRESS 13579 FOXTRAIL LANE
 CITY-ST-ZIP LOXAHATCHEE FL

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

TITLE TD ☐ Delete
 NAME KANE, LORRAINE
 STREET ADDRESS 1197 E MOUNTAIN DR.
 CITY-ST-ZIP W. PALM BCH GARD FL

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

TITLE S ☐ Delete
 NAME COSTA, APRIL
 STREET ADDRESS 3602 VALLEY WAY
 CITY-ST-ZIP W PALM BEACH FL 33406

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

TITLE D ☐ Delete
 NAME SMIMO, JUDI
 STREET ADDRESS 16086 E WILTSHIRE DR
 CITY-ST-ZIP LOXAHATCHEE FL

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: *Lorraine M Kane*

5/15/01 561-433-5455

CR2E037 (10/00)