

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90112 048 \*\*\*\*\*61.25

**DOCUMENT # N93000004866**

1. Entity Name

**DAYTONA BEACH WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**634 RIVERSIDE DR.  
 HOLLY HILL FL 32117**

**634 RIVERSIDE DR.  
 HOLLY HILL FL 32117**

**734764**



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 **51-0221715**

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

**WALKER, VERLINDA  
 1102 OLD KINGS ROAD  
 HOLLY HILL FL 32117**

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**

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	DP	<input type="checkbox"/> Delete
NAME	WALKER, VERLINDA	
STREET ADDRESS	1102 OLD KING ROAD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, HELEN PM2	
STREET ADDRESS	821 PALMETTO ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOTHWELL, KATHIE	
STREET ADDRESS	P.O. BOX 350227	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, SHIRLEY PM4	
STREET ADDRESS	634 RIVERSIDE DR.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS, KATHY P	
STREET ADDRESS	176 WOODLAND AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDUX, TONI P	
STREET ADDRESS	P.O. BOX 1047 N/A	
CITY-ST-ZIP	NEW SMYRNA BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bothwell, Kathie	
STREET ADDRESS	P.O. Box 350227	
CITY-ST-ZIP	Palm Coast, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Newton, Helen	
STREET ADDRESS	753 Hope St.	
CITY-ST-ZIP	Ormond Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Verlinda Walker, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/02*  
 Date

*386-255-2556*  
 Daytime Phone #

CR2E037 (9/01)