

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90040 040 ****61.25

DOCUMENT # N94000000104

1. Entity Name

FLORIDA BOWLING QUEENS, INC.

Principal Place of Business

**240 ANDERSON DR
MARY ESTHER FL 32569-1804**

Mailing Address

**240 ANDERSON DR
MARY ESTHER FL 32569-1804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2692680

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

**LAMBERT, MIMI
240 ANDERSON DR
MARY ESTHER FL 32569-1804**

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 *mimi Lambert, Executive Dir*

01-08-01

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 **PD** ☐ Delete
NAME **MARY ANN BURNEY,**
STREET ADDRESS **P.O. BOX 90284 N/A**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **VPD** ☐ Delete
NAME **JOAN DUNLAP,**
STREET ADDRESS **P.O. BOX 3851 N/A**
CITY-ST-ZIP **N. FT. MYERS FL**

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

TITLE **2VP** ☐ Delete
NAME **BETTY MAULL,**
STREET ADDRESS **1209 MYRTLE LANE**
CITY-ST-ZIP **COCOA FL 32922**

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

TITLE **RSD** ☐ Delete
NAME **GIHEGY, BARBARA**
STREET ADDRESS **4061 SHADY VIEW ROAD**
CITY-ST-ZIP **MULBERRY FL**

TITLE ☒ Change ☐ Addition
NAME **GNEGY, BARBARA**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SAA** ☐ Delete
NAME **LAUOIE, TRADY**
STREET ADDRESS **1808 TAMERLANE PL**
CITY-ST-ZIP **BRANDO FL**

TITLE ☒ Change ☐ Addition
NAME **LAVOIE, TRUDY**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ADD** ☐ Delete
NAME **JONES, JERI**
STREET ADDRESS **110 LINDSEY ROAD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

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: *MIMI LAMBERT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-08-01

850-581-1357

CR2E037 (10/00)