

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90406 043 \*\*\*150.00

DOCUMENT # **N94000001122**

1. Entity Name **OCALA WOMAN'S Bowling Assoc. Inc**

Principal Place of Business Mailing Address

**2260 NE 39TH ST**  
**OCALA FL 34479**

**D0043458**

2. Principal Place of Business

3. Mailing Address

**2260 NE 39TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**OCALA FL**

City & State

**FL OCALA**

4. FEI Number

**59-1619863**

Applied For

Not Applicable

Zip

**34479**

Country

**MARION**

Zip

**34479**

Country

**MARION**

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

Name **SUE S. COLVIN**

Street Address (P.O. Box Number is Not Acceptable)

**2260 NE 39TH ST**

City **OCALA**

**FL**

Zip Code **34479**

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 **Sue S. Colvin**

**SUE S. COLVIN**

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

(NOTE: Registered Agent's signature required when re-instating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secy-TREAS** ☒ Delete  
NAME **JEAN WEBER**  
STREET ADDRESS  
CITY-ST-ZIP **(DECEASED)**

TITLE **Secy-TREAS** ☐ Change ☒ Addition  
NAME **SUE S. COLVIN**  
STREET ADDRESS **2260 NE 39TH ST**  
CITY-ST-ZIP **OCALA FL 34479**

TITLE **PRES** ☐ Delete  
NAME **GAIL BROADERICK**  
STREET ADDRESS **2260 NE 39TH ST**  
CITY-ST-ZIP **OCALA FL 34479**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sue S. Colvin** **SUE S. COLVIN** **Secy/TREAS** **4/12/01** **352-629-6305**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
 # 19400001122  
 DOO 43458

**2001-2002 OCALA WOMEN'S BOWLING ASSOCIATION, INC.**

**OFFICERS**

<b>PRESIDENT:</b>	<b>GAIL BROADERICK</b> PO BOX 331 ANTHONY, FL 32617	629-6145	1 YR
<b>1ST VICE-PRESIDENT</b>	<b>ANN LEACH</b> 11100 NE 47TH AVE ANTHONY, FL 32617	368-6713	2 YR
<b>2ND VICE-PRESIDENT</b>	<b>CONNIE DAVIS</b> 11100 NE 47TH AVE ANTHONY, FL 32617	622-8679	1 YR
<b>SECRETARY/TREASURER</b>	<b>SUE S. COLVIN</b> 2260 NE 39TH ST OCALA, FL 34479	629-2146	2 YR
<b>SARGEANT-AT-ARMS</b>	<b>CINDY HARRISON</b> P.O. BOX 164 ANTHONY, FL 32617	595-1731	2 YR

**DIRECTORS**

<b>STELLA ABRAMS</b> 18593 SE 55TH PLACE OKLAWAHA, FL 32179	625-1133	2 YR	<b>CAROLE JUNG</b> 17030 SE 104TH AVE SUMMERFIELD, FL 34491	245-0260	2 YR
<b>GAIL COLE</b> 4100 NE 28TH TERR OCALA, FL 34479	629-3872	1 YR	<b>JUDI LEMR</b> 1613 NE 17TH AVE OCALA, FL 34470	368-7922	1 YR
<b>BARBARA COOK</b> 2826 NE 99TH ST ANTHONY, FL 32617	620-2463	2 YR	<b>DEL NICHOLSON</b> 1805 NE 10TH ST OCALA, FL 34470	629-4894	2 YR
<b>FRAN DENAULT</b> 3680 SE 38TH TERR OCALA, FL 34480	694-3851	1 YR	<b>NANCY SIMPKINS</b> PO BOX 3462 BELLEVIEW, FL 34421	690-6134	2 YR
<b>BETTY FILER</b> 818 NE 12TH TERRACE OCALA, FL 34470	629-4008	2 YR	<b>CINDY THOMPSON</b> 2021 NW 44TH PLACE OCALA, FL 34475	368-7987	2 YR
<b>BETH JONES</b> PO BOX 382 ANTHONY, FL 32617	629-7815	1 YR	<b>DARLENE VAUGHN</b> 3278 NE 29TH CT OCALA, FL 34479	622-6365	1 YR