FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am § Secretary of State DOCUMENT # N9400001122 1. Entity Name OCALA WOMEN'S BOWLING ASSOCIATION, INC. 02-14-2002 90023 017 ****61.25 Principal Place of Business Mailing Address 2260 NE 39TH ST 2260 NE 39TH ST OCALA FL 34479 OCALA FL 34479 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1619863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLVIN, SUE **OCALA FL 34479** Zip Code FL 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. SIGNATUŖE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition Broaderick, Gail NAME NAME STREET ADDRESS 5431-NE-85TH-STREET-LOT-162-PO BOX 331 STREET ADDRESS CITY-ST-ZIP SILVER-SPRINGS FE-34488 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME COLVIN, SUE S NAME STREET ADDRESS 2260 NE 39TH ST STREET ADDRESS CITY-ST-ZIP OCALA FL 34479 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ABRAMS, STELLA NAME NAME STREET ADDRESS 18593 SE 55TH PLACE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA FL 32179 CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition COLE, GAIL NAME STREET ADDRESS 4100 NE 28TH TERR STREET ADDRESS CITY-ST-ZIP OCALA FL 34479 CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition COOK, BARBARA NAME NAME STREET ADDRESS 2826 NE 99TH ST STREET ADDRESS CITY-ST-ZIP ANTHONY FL 32617 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DENAULT, FRAN NAME NAME STREET ADDRESS 818 NE 12TH TERRACE STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 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