

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004257

1. Entity Name

GULFCOAST BOWLING COUNCIL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90068 036 ****61.25

Principal Place of Business

Mailing Address

8525 RADIO ROAD
NAPLES FL 33942

8525 RADIO ROAD
NAPLES FL 34104-5429

2. Principal Place of Business

8800 STRIKE LANE

Suite, Apt. #, etc.

BONITA SPRINGS FL

3. Mailing Address

8800 STRIKE LANE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

Zip
34135

Country
USA

Zip
34135

Country
USA

4. FEI Number

65-0544285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CINIELLO, PATRICK
8525 RADIO ROAD
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

CINIELLO, PATRICK

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

8800 STRIKE LANE

City

BONITA SPRINGS

FL

Zip Code

34135

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

TITLE PD ☐ Delete
NAME CINIELLO, PATRICK
STREET ADDRESS 8525 RADIO ROAD
CITY-ST-ZIP NAPLES FL 33942

TITLE VPD ☐ Delete
NAME CHRISTIE, DOTTIE
STREET ADDRESS 21066 IONIA AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE STD ☐ Delete
NAME HALL, KAREN
STREET ADDRESS P. O. BOX 547 N/A
CITY-ST-ZIP MURDOCK FL 33938

TITLE D ☐ Delete
NAME GOULD, MARION V.
STREET ADDRESS 2486 CARING WAY APT. 10A
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Delete
NAME WILSON, RUBILEA
STREET ADDRESS 201 MAPLE AVE. N.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE D ☐ Delete
NAME PETERS, ROBERT
STREET ADDRESS 520 GRANT AVE
CITY-ST-ZIP LEHIGH ACRES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD ☒ Change ☐ Addition
NAME PETERS, ROBERT
STREET ADDRESS 520 GRANT AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

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

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

TITLE D ☒ Change ☐ Addition
NAME CHASE, B.J.
STREET ADDRESS 2200 PEARCE RD.
CITY-ST-ZIP N. FT MYERS, FL 33917

TITLE D ☒ Change ☐ Addition
NAME YVONNE EKISS
STREET ADDRESS 154 NORTHSHORE TERRACE
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

941 947-2111

Date

Daytime Phone #

CR2E037 (9/99)