

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90237 027 \*\*\*\*61.25

DOCUMENT # N94000004257

1. Entity Name

GULFCOAST BOWLING COUNCIL, INC.

Principal Place of Business

8800 STRIKE LANE  
BONITA SPRINGS FL 34135  
US

Mailing Address

8800 STRIKE LANE  
BONITA SPRINGS FL 34135  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CINIELLO, PATRICK  
8800 STRIKE LANE  
BONITA SPRINGS FL 34135

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	PD	<input type="checkbox"/> Delete
NAME	CINIELLO, PATRICK	
STREET ADDRESS	8525 RADIO ROAD	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETERS, ROBERT	
STREET ADDRESS	520 GRANT AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HALL, KAREN	
STREET ADDRESS	P. O. BOX 547 N/A	
CITY-ST-ZIP	MURDOCK FL 33938	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, MARION V.	
STREET ADDRESS	2486 CARING WAY APT. 10A	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHASE, B J	
STREET ADDRESS	2200 PEARCE RD	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	EKISS, YVONNE	
STREET ADDRESS	154 NORTSHORE TERRACE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2002 941 947-2111

CR2E037 (9/01)