

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90645 040 ****61.25

DOCUMENT # N94000004257

1. Entity Name
GULF COAST 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

4. FEI Number **65-0544285**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC CARRAHER, ANDREA	
STREET ADDRESS	1765 Grove Avenue	
CITY-ST-ZIP	FT. MYERS, FL 33901	
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:

Patrick Ciniello 4-14-03 239-947-2111

CR2E037 (10/02)