2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # **N94000005492** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL 04-07-2000 90075 024 ****61.25 Principal Place of Business Mailing Address 703 OJAI AVE 703 OJAI AVE SUN CITY CENTER FL 33573-5108 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3280186 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, BEVERLY 703 OJAI AVE SUN CITY CENTER FL 33573 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition De'ete TITLE TITL F Shirley Dr. # 25 PHILLIPS, BEVERLY Cam NAME NAME STREET ADDRESS STREET ADDRESS 1625 703 OJAI AVE Walnut Creek CA 94595 CITY-ST-7IP CITY-ST-ZIP SUN CITY CNTR FL 33573 Addition ☐ Change TITLE TITLE Delete NAME Labar, Elizabeth NAME STREET ADDRESS STREET ADDRESS 1303 BURBANK CT CITY-ST-7IP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SALISBURY, PEGGY NAME NAME STREET ADDRESS STREET ADDRESS 9538 OAK RIDGE DR CITY-ST-ZIP CITY-ST-ZIP SUN CITY CNTR FL 35351 PD ☐ Channe Addition ☐ Delete TITLE MCDOUGALL, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 242 PLACID AVE CITY-ST-ZIP STRATFORD CT 06615 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WESSELL, JAN NAME STREET ADDRESS STREET ADDRESS 16152 MESTO DR CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ☐ Defete TITLE ☐ Change ☐ Addition TITLE **BELL, DOROTHY** NAME NAME STREET ADDRESS STREET ADDRESS 326 MELROSE AVE E. 405 CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98102 12. I hereby certify that the information supplied with this filling 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

Phillips 4/1/2000