

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005492

1. Entity Name

AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL

Principal Place of Business

703 OJAI AVE
SUN CITY CENTER FL 33573
US

Mailing Address

703 OJAI AVE
SUN CITY CENTER FL 33573
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

59-3280186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, BEVERLY
703 OJAI AVE
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

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

TITLE TD ☐ Delete
NAME PHILLIPS, BEVERLY
STREET ADDRESS 703 OJAI AVE
CITY-ST-ZIP SUN CITY CNTR FL 33573

TITLE D ☐ Delete
NAME CAM, SHIRLEY
STREET ADDRESS 1625 SKYCREST DR #25
CITY-ST-ZIP WALNUT CREEK CA 94595

TITLE D ☐ Delete
NAME SALISBURY, PEGGY
STREET ADDRESS 9538 OAK RIDGE DR
CITY-ST-ZIP SUN CITY CNTR FL 35351

TITLE PD ☐ Delete
NAME MCDUGALL, LINDA
STREET ADDRESS 242 PLACID AVE
CITY-ST-ZIP STRATFORD CT 06615

TITLE D ☐ Delete
NAME HARLAND, KAYE
STREET ADDRESS 647 DALTON RD
CITY-ST-ZIP SAN DIMAS CA 91773

TITLE VD ☒ Delete
NAME BELL, DOROTHY
STREET ADDRESS 326 MELROSE AVE E. 405
CITY-ST-ZIP SEATTLE WA 98102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Wood, Myra
STREET ADDRESS 4830 N. 7th St
CITY-ST-ZIP Tacoma, WA 98406

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

TITLE VD ☒ Change ☐ Addition
NAME Salisbury, Peggy
STREET ADDRESS 9538 Oak Ridge Dr
CITY-ST-ZIP Sun City, AZ 85351

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

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

TITLE ☐ Change ☐ 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:

Beverly Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90017 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

813-634-7489 (H)

413 242-6469 (PA)