

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90134 047 ****61.25

DOCUMENT # N95000001871

1. Entity Name

FLORIDA SPACE COAST BOWLING ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

2244 WOODBURY ROAD
MELBOURNE FL 32935
US

2244 WOODBURY ROAD
MELBOURNE FL 32935
US

2. Principal Place of Business

311 School Road

3. Mailing Address

311 School Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch, FL

City & State

Indian Harbour Bch, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-3325734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARIDES, CLEON
2244 WOODBURY ROAD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Fran Hopewell

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

311 School Road

City

Indian Harbour Beach FL

Zip Code

32937

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

Fran Hopewell

Executive Director

1-16-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ALBERT N	
STREET ADDRESS	449 NINE RD NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITTER, CARL H	
STREET ADDRESS	75M ALHAMBRA DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, MARK G	
STREET ADDRESS	6349 HUDSON RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GREGORY T	
STREET ADDRESS	1147 MANATEE DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, B.G. JR.	
STREET ADDRESS	1800 OMEGA ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARIDES, CLEON	
STREET ADDRESS	2244 WOODBURY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President (North)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitch Michaud	
STREET ADDRESS	1735 Sandy Court	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Vice President (Central)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President (South)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Rodriguez	
STREET ADDRESS	885 Ixora Drive	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Executive Director/T/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fran Hopewell	
STREET ADDRESS	311 School Road	
CITY-ST-ZIP	Indian Harbour Beach, FL 32937	

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:

Fran Hopewell

1-16-01

(321) 777-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)