

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001871

1. Entity Name

FLORIDA SPACE COAST BOWLING ASSOCIATION, INC.

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90061 040 ****61.25

80012411



DO NOT WRITE IN THIS SPACE

Principal Place of Business

311 SCHOOL RD.
SATELLITE BEACH FL 32937
US

Mailing Address

311 SCHOOL RD.
SATELLITE BEACH FL 32937
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

City & State

Indian Harbour Beach, FL

4. FEI Number

59-3325734

Applied For

Not Applicable

Zip

32937

Country

US

Zip

32937

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPEWELL, FRAN
311 SCHOOL RD.
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

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

1-14-02

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	VP	<input type="checkbox"/> Delete
NAME	MICHAND, MITCH	
STREET ADDRESS	1735 SANDY COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITTER, CARL H	
STREET ADDRESS	75M ALHAMBRA DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	STOUT, MARK G	
STREET ADDRESS	6349 HUDSON RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, GREGORY T	
STREET ADDRESS	1147 MANATEE DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HARRY	
STREET ADDRESS	885 IXORA DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	EDTS	<input type="checkbox"/> Delete
NAME	HOPEWELL, FRAN	
STREET ADDRESS	311 SCHOOL RD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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:

Fran Hopewell

1-14-02

(321) 777-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)