

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005633

1. Entity Name

WINTER HAVEN WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

363 CALSOSA COURT
LAKE WALES FL 33853

Mailing Address

363 CALSOSA COURT
LAKE WALES FL 33853-8601

FILED

00 JAN 19 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3473540

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

LAWRENCE, WANDA
363 CALOOSA COURT
LAKE WALES FL 33853

Name MELBA A. PARRETT

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

363 CALOOSA COURT

City LAKE WALES

FL

Zip Code 33853

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

Melba A. Parrett

MELBA A PARRETT

1/10/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, BEVERLY	
STREET ADDRESS	4094 LAKE MARIANNA DRIVE	
CITY-ST-ZIP	WINTER HEAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGUIRE, HOPE	
STREET ADDRESS	4094 LAKE MARIANNA DRIVE	
CITY-ST-ZIP	WINTER HEAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREY, BARBARA	
STREET ADDRESS	355 E CENTURY DRIVE	
CITY-ST-ZIP	WINTER HEAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADLEY, MARY E	
STREET ADDRESS	355 E CENTURY DRIVE	
CITY-ST-ZIP	WINTER HEAVEN FL 33881	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARRETT, MELBA A	
STREET ADDRESS	363 CALOOSA COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDMAN, CAROLYN S	
STREET ADDRESS	520 WEST COLEMAN DRIVE SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	WRIGHT, BEVERLY	
STREET ADDRESS	4094 LAKE MARIANNA DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	MCGUIRE, HOPE	
STREET ADDRESS	253 WINDSOR DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	FREY, BARBARA	
STREET ADDRESS	683 CENTURY LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	WADLEY, MARY ELLEN	
STREET ADDRESS	355 E. CUMMING AVENUE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn S. Redman

REDMAN, CAROLYN S. REDMAN, TREASURER

1/10/00 863-294-7461