

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90120 038 ****61.25

DOCUMENT # N97000005633

1. Entity Name

WINTER HAVEN WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

**363 CALOOSA COURT
LAKE WALES FL 33853**

Mailing Address

**363 CALOOSA COURT
LAKE WALES FL 33853**

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

59-3473540

Applied For

Not Applicable

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

**PARRETT, MELBA A
363 CALOOSA COURT
LAKE WALES FL 33853**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **WRIGHT, BEVERLY**
STREET ADDRESS **4094 LAKE MARIANNA DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **RUSSELL, LOIS**
STREET ADDRESS **P. O. BOX 593**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **D** ☒ Delete
NAME **MCGUIRE, HOPE**
STREET ADDRESS **253 WINDSOR DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **BEYMER, TWILA**
STREET ADDRESS **303 LK. MILLSITE RD.**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **S** ☐ Delete
NAME **FREY, BARBARA A**
STREET ADDRESS **683 CENTURY DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **WALLING, SHIRLEY**
STREET ADDRESS **135 PALM PLACE**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **V** ☐ Delete
NAME **WADLEY, MARY ELLEN**
STREET ADDRESS **355 E. CUMMINGS AVENUE**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **D** ☐ Change ☒ Addition
NAME **ALLEN, LOUISE**
STREET ADDRESS **P. O. BOX 475**
CITY-ST-ZIP **AUBURNDALE, FL 33823-0475**

TITLE **P** ☐ Delete
NAME **PARRETT, MELBA A**
STREET ADDRESS **363 CALOOSA COURT**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Change ☒ Addition
NAME **BOYDSTON, MAGGIE**
STREET ADDRESS **2060 N. US HWY 27, #224**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **T** ☐ Delete
NAME **REDMAN, CAROLYN S**
STREET ADDRESS **520 WEST COLEMAN DRIVE SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Change ☒ Addition
NAME **VANHOOZER, MINNIE**
STREET ADDRESS **9360 EVANS ROAD**
CITY-ST-ZIP **POLK CITY, FL 33868**

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:

CAROLYN S. REDMAN, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 863-294-7461

CR2E037 (9/01)