

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90182 044 ****61.25

DOCUMENT # N98000002249

1. Entity Name

PORT ST. LUCIE YOUNG AMERICAN BOWLING ALLIANCE,

Principal Place of Business

Mailing Address

1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983

1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983-4584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832661

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

GOODRICH, MARK
1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983

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 NAME STREET ADDRESS CITY-ST-ZIP	D BRUNET, MADELYN <i>madelcine</i> <input checked="" type="checkbox"/> Delete 102 SW STARFISH AVENUE PORT ST. LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNDON, DEBORAH <input checked="" type="checkbox"/> Delete 537 SW LUCERO DRIVE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHOUSE, MARSHA <input type="checkbox"/> Delete 2437 SE DRAYTON ROAD PORT ST. LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODRICH, MARK <input type="checkbox"/> Delete 1909 SE SANDIA DRIVE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALE, LINDA <input type="checkbox"/> Delete 398 NARANJA AVENUE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Madelaine Brunet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 SW Starfish Ave Port St Lucie, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Little <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1902 Oakmonte Lane Port St Lucie FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Masgrave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Bermuda Ave Pt Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED *Mark Goodrich*

11/5/00

561-878-2903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #