

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90035 006 ****61.25

DOCUMENT # N98000002249

1. Entity Name

PORT ST. LUCIE YOUNG AMERICAN BOWLING ALLIANCE.

Principal Place of Business

1909 SE SANDIA DRIVE
 PORT ST. LUCIE FL 34983

Mailing Address

1909 SE SANDIA DRIVE
 PORT ST. LUCIE FL 34983

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	T	<input type="checkbox"/> Delete
NAME	BRUNET, MADELYN	
STREET ADDRESS	102 SW STARFISH AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBBETTER, SHERY	
STREET ADDRESS	1402 OAK MONTE LN	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASROUË, SHERRY	
STREET ADDRESS	1001 BERMUDA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODRICH, MARK	
STREET ADDRESS	1909 SE SANDIA DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALE, LINDA	
STREET ADDRESS	398 NARANJA AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitehouse, Marsha	
STREET ADDRESS	2437 SE Drayton Rd	
CITY-ST-ZIP	Port St-Lucie FL 34952	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brunt, Madeleine	
STREET ADDRESS	102 Sw starfish Ave	
CITY-ST-ZIP	Port St-Lucie FL 34984	
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:

Mark Goodrich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Goodrich
 Date

561-878-2903
 Daytime Phone #

CR2E037 (10/00)