

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90091 037 \*\*\*\*61.25

**DOCUMENT # N98000002618**

1. Entity Name

**LEE COUNTY WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4140 FOWLER ST.  
 FT. MYERS FL 33901**

**4140 FOWLER ST.  
 FT. MYERS FL 33901**

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

**59-1447055**

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

**CHASE, BETTY  
 4140 FOWLER STREET  
 FORT MYERS FL 33901**

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 **MCCARRAHER, ANDREA**  
 STREET ADDRESS **1765 GROVE AVENUE**  
 CITY-ST-ZIP **FORT-MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **HUELETTE, CAROLYN**  
 STREET ADDRESS **6204-C PRINCIPA DRIVE**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **CHASE, BETTY J**  
 STREET ADDRESS **202000 PEARCE ROAD**  
 CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CARROLL, TERRY**  
 STREET ADDRESS **963 BURNING BARK DRIVE**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Cynthia Owens**  
 STREET ADDRESS **4013 Bishop Circle**  
 CITY-ST-ZIP **LaBelle, FL 33935**

TITLE **D** ☐ Delete  
 NAME **EDENS, BEVERLY**  
 STREET ADDRESS **3727 CEITUS PARKWAY**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
 NAME **JENTRY, JUANITA**  
 STREET ADDRESS **12373 3RD STREET S.E.**  
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Carolyn Garrison**  
 STREET ADDRESS **8010 Suncoast Drive**  
 CITY-ST-ZIP **N. Ft. Myers, FL 33917**

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 M. HULETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carolyn M. Hulette, Treas.**

**4/18/02**

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

Lee County Women's Bowling Assoc., Inc.

Page Two

UBR Report for 2002

#W98000002618

D

Gloria Sawyer  
221 S. E. 6<sup>th</sup> Street  
Cape Coral, FL 33990

D

Sarah Houkom  
5750 Arvine Circle  
Fort Myers, FL 33919

D

Helen Moyer  
15600 Crystal Lake Drive  
N. Ft. Myers, FL 33917

D

Dolores Paskowski  
1212 S. E. 19<sup>th</sup> Terrace  
Cape Coral, FL 33990

D

Beatrice Rucker  
13341 Bird Road  
Fort Myers, FL 33905