

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003364

1. Entity Name

SARASOTA WOMEN'S BOWLING ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 020 ****61.25

909381



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

501 HAND AVE.
SARASOTA FL 34232

501 HAND AVE.
SARASOTA FL 34232-6724

2. Principal Place of Business

2645 REGATTA DRIVE

3. Mailing Address

2645 REGATTA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

51-0188569

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

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

WARREN, MILLIE
501 HAND AVE.
SARASOTA FL 34232

Name

TRISH BAIER

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

2645 REGATTA DRIVE

City

SARASOTA

FL

Zip Code

34231

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

TRISH BAIER

01-12-00

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	DP	<input type="checkbox"/> Delete
NAME	FARGO, GAIL	
STREET ADDRESS	1165 RUSSELL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WARREN, MILLIE	
STREET ADDRESS	501 HAND AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HIETT, CHARLOTTE	
STREET ADDRESS	1055 FRANCES AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUFF, BILLIE	
STREET ADDRESS	426 WHITFIELD AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROLAND, BRENDA	
STREET ADDRESS	3415 63RD AVE. EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAPER, BARBARA	
STREET ADDRESS	4953 BLISS	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIER, TRISH	
STREET ADDRESS	2645 REGATTA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
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: *BILLIE HUFF* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-00

Date

941-355-1730

Daytime Phone #

CR2E037 (9/99)