

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004601

FILED
Jan 09, 2003
Secretary of State

Entity Name: HERNANDO COUNTY ASSOCIATION OF THE YOUNG AMERICAN BOWLING ALLIANCE, INC.

Current Principal Place of Business:

12348 BARROW ST
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

12348 BARROW ST
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3102478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINNEGAR, SUSAN
12348 BARROW ST
SPRING HILL, FL 34609

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHR, ROBERT
Address: 8262 STEWART COURT
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: TINKMAN, JACK
Address: 4498 BLUEWATER AVW
City-St-Zip: SPRING HILL, FL 34608

Title: ST () Delete
Name: WINNEGAR, SUSAN
Address: 12348 BARROW ST
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: BULLOCK, CLINT
Address: 2584 RUNNING OAK COURT
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: MAY, DAVE
Address: 2109 COACHMAN ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: EMMERICH, CINDY
Address: 11332 LINDEN DR
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WINNEGAR

ST

01/09/2003

Electronic Signature of Signing Officer or Director

Date

DUANE BOWERS D
9297 ELIDA RD
SPRING HILL, FL 34608

DENISE BOWERS D
9297 ELIDA RD
SPRING HILL, FL 3468

KAY WILSON D
16612 CROSSANDRA LN
SPRING HILL,FL 34610