2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000006592 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** PALM BEACH COUNTY YOUNG AMERICAN BOWLING ALLIANC 02-04-2000 90006 036 ****61.25 Principal Place of Business Mailing Address 3951 HAVERHILL RD. SUITE 210 3951 HAVERHILL RD. SUITE 210 WEST PALM BEACH FL 33417-8145 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0439990 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) "L'AMB; JOHN" 20 PAXFORD PL **BOYNTON BEACH FL 33462** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME LAMB, JOHN STREET ADDRESS 3951 HAVERHILL RD, SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME GAYDOSH, STEVE NAME STREET ADDRESS STREET ADDRESS 3951 HAVERHILL RD. SUITE 210 CITY-ST-ZIP CITY-ST-ZIE WEST PALM BEACH FL 33417 Addition TITLE STD =~~~~ - Delete - - -TITLE SERGEL, GARY NAME STREET ADDRESS STREET ADDRESS 3951 HAVERHILL RD, SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Addition TITLE TITLE ☐ Delete NAME NAME NAPOLI, CARMINE J STREET ADDRESS STREET ADDRESS 3951 HAVERHILL RD. SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WELLS, WARREN STREET ADDRESS STREET ADDRESS 3951 HAVERHILL RD, SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GOODMAN, GINGER STREET ADDRESS STREET ADDRESS 3951 HAVERHILL RD, SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 12. I hereby certify that the information supplied with this filling 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 a required by Chapter 817, 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.

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