## **FILED** Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90075 031 \*\*\*\*62.50

## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001228

1. Entity Name

<b>HERNANDO</b>	COUNTY	<b>BOWLING</b>	ASSOCIATION.	INC.
	~~~	DOMESTIC	ROUGUIATION	1110



HERNAN	IDO COUNTY BOWLING ASSO	CIATION, INC.							
5194 HARBINGER ROAD 5194		Mailing Address 5194 HARBINGER ROAD SPRING HILL FL 34808	, <del>I</del>						
<del></del>								HARL HAN IRRI	
2. Principal	Place of Business	3. Mailing Address	•						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State C		City & State	ity & State		4. FEI Number 23	<del></del>	Applied For		
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired 🔲	\$8.75 A		
<del>-</del>	6. Name and Address of Current I	Registered Agent	<del></del>		7 Nome and Add		Fee Requi	red	
	o. Harris and The Control of Cont	registered Agent	Name	<u>د "-</u>	7. Name and Add	ress of New Registere	ad Agent	·~; - ".	
DITT, RONALD S 5194 HARBINGER ROAD			Street Address (P.O. Box Number is Not Acceptable)						
SPRING	HILL FL 34608				<u> </u>			<del>-</del>	
			City		· · · · · · · · · · · · · · · · · · ·	<u></u>	Zip Co	ode	
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office o	or registere	ed agent, or both, in t			n, and accept	
the obliga	ations of registered agent.							,	
· .									
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	: Registered Agent signa	ature required w	when reinstating)		'E		
				·					
FILE NOW: FEE IS \$61.25		ľ			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIR	ECTORS	11.	Al	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS I	N 10	
TITLE	D	<b>X</b> YDelete	TITLE	1	sident		☐ Change		
name Stréet address	LUSK, DONALD		NAME		n Leveroc	k, III		Λ	
DITY-ST-ZIP	6801 E RICHARD DR SPRING HILL FL 34607		STREET ADDRESS CITY-ST-ZIP	322	9 Hargrov	e Street			
TITLE	D					-FL 34606	<del></del>		
NAME	MAHR, JASON	☐ Delete	TITLE NAME	Vic	e Preside	nt	☐ Change	Addition	
STREET ADDRESS	P.O BOX 5386		STREET ADDRESS		rge Fough				
CITY-ST-ZIP	SPRING HILL FL 34611	e	CITY-ST-ZIP		20 Sulliv			,	
TITLE	D	☐ Delete	TITLE	Spr	ing Hill,	FL 34609	☐ Change	Addition	
IAME	MAY, DAVID		NAME	Vice	e Prer <b>g</b> id ert Mahr	ent		_	
STREET ADDRESS	2109 COACH MAN STREET		STREET ADDRESS	826	2 Steward	Street			
	SPRING HILL FL 34608		CITY-ST-ZIP		ing Hill				
itle Iame	D   Miseska, William	☐ Delete	TITLE	Dire	ector		☐ Change	Addition	
TREET ADDRESS	4608 DAWNGATE LANE		NAME STREET ADDRESS	Clau	ude Fauc	her_			
ITY-ST-ZIP	BROOKSVILLE FL 34601		CITY-ST-ZIP		New Azo			j	
ITLE	D	Delete	TITLE	Dire	ing Hill, ector	FL 34608	☐ Change	<b>V</b> Addition	
AME	THIBERT, LAWRENCE		NAME		is Hatton	n .		<b>XX</b> Addition	
TREET ADDRESS	12408 KANAWHA AVE		STREET ADDRESS	2440	04 Evaline	Street			
ITY-ST-ZIP	BROOKSVILLE FL 34614		CITY-ST-ZIP		ksville,				
	Director	☐ Delete	TITLE	Bern	ard Zak		☐ Change	<b>XX</b> Addition	
	Duane Bowers		NAME		) Blackbir				
T. AT 116	9297 Elida Road		STREET ADDRESS	Broo	ksville.	FL 34613			
111-31-4IF	Spring Hill, FL 34	<b>6</b> በ8	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:

SIRonald ISR With

3526881001