

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90034 048 ****61.25

DOCUMENT # N99000003685
1. Entity Name
GREATER CITRUS BOWLING ASSOCIATION, INC.

Principal Place of Business Mailing Address
NORTH STAR BLAZE DRIVE 9415 NORTH STAR BLAZE DRIVE
CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428-9101

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
BOYAJAN, LEON M II
2303 WEST HIGHWAY 44
INVERNESS FL 34453-3809

4. FEI Number Applied For
☒ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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	P TEMPLETON, RON 9415 NORTH STAR BLAZE DRIVE CRYSTAL RIVER FL 34428	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V HACKER, BOB 9415 NORTH STAR BLAZE DRIVE CRYSTAL RIVER FL 34428	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HOCKING, DICK 5656 EAST TANGELO LANE INVERNESS FL 34453-1027	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BOZZO, JOSEPH 928 WEST BUTTONBUSH DRIVE BEVERLY HILLS FL 34465	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RANDAZZO, JACK JR. 5510 S. BARCO TERRACE INVERNESS FL 34452	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CAPPELLERI, FRED 516 NORTH COUNTRY CLUB DRIVE CRYSTAL RIVER FL 34429	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED 2-15-00 (353) 795-5909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)