

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003685

1. Entity Name

GREATER CITRUS BOWLING ASSOCIATION, INC.

Principal Place of Business

9415 NORTH STAR BLAZE DRIVE  
CRYSTAL RIVER FL 34428

Mailing Address

9415 NORTH STAR BLAZE DRIVE  
CRYSTAL RIVER FL 34428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOYAJAN, LEON M II  
2303 WEST HIGHWAY 44  
INVERNESS FL 34453-3809

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TEMPLETON, RON	
STREET ADDRESS	9415 NORTH STAR BLAZE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	V	<input type="checkbox"/> Delete
NAME	HACKER, BOB	
STREET ADDRESS	9415 NORTH STAR BLAZE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCKING, DICK	
STREET ADDRESS	5656 EAST TANGELO LANE	
CITY-ST-ZIP	INVERNESS FL 34453-1027	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOZZO, JOSEPH	
STREET ADDRESS	928 WEST BUTTONBUSH DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDAZZO, JACK JR.	
STREET ADDRESS	5510 S. BARCO TERRACE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPELLERI, FRED	
STREET ADDRESS	516 NORTH COUNTRY CLUB DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

*Signature Required* Exec. Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

03-29-2002 91432 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)