

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90517 044 \*\*\*\*61.25

**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**

**90011407**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **TEMPLETON, RON**  
STREET ADDRESS **9415 NORTH STAR BLAZE DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **HACKER, BOB**  
STREET ADDRESS **9415 NORTH STAR BLAZE DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOCKING, DICK**  
STREET ADDRESS **5656 EAST TANGELO LANE**  
CITY-ST-ZIP **INVERNESS FL 34453-1027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BOZZO, JOSEPH**  
STREET ADDRESS **928 WEST BUTTONBUSH DRIVE**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **BAUMANN NORMAN**  
STREET ADDRESS **21 W HANGING MOSS CT.**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **D** ☐ Delete  
NAME **RANAZZO, JACK JR.**  
STREET ADDRESS **5510 S. BARCO TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CAPELLERI, FRED**  
STREET ADDRESS **516 NORTH COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Change ☐ 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: *Ron Templeton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Phone #

**352-795-5909**

CR2E037 (10/02)