2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 10, 2000 8:00 am
Secretary of State
03-21-2000 90001 009 ****70.00

DOCUMENT # N99000004717

1. Entity Name

MANDARIN YOUTH BOWLERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10333 SAN HOSE BLVD. JACKSONVILLE FL 32287	10333 SAN HOSE BLVD. JACKSONVILLE FL 32287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10333 San Jose Blvd	10333 San Jose Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country: Duval	Zip: 32257 Country: Duval

4. FEI Number 59-360-4800 ☒ Applied For ☐ Not Applicable

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
BENSON, GARY A 2955 HARTLEY ROAD SUITE 101 JACKSONVILLE FL 32257	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KENNETH TOMBERLIN 244 CLOVER COURT JACKSONVILLE, FL 32259	☒ Delete	PRESIDENT GARY LAWRENCE 3327 PICKWICK DRIVE JACKSONVILLE, FL 32257	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DENNIS MYERS 11522 TWIN OAKS TRAIL JACKSONVILLE, 32258	☒ Delete	DIRECTOR NORMA SANDERS 361 CHICASAW CT. JACKSONVILLE, FL 32259	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RAY POTTS 1054 LARKSPUR LANE JACKSONVILLE, FL 32259	☒ Delete	DIRECTOR CAROL JORDAN 241 CLOVER COURT JACKSONVILLE, FL 32259	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VICKI TOMBERLIN 244 CLOVER COURT JACKSONVILLE, FL 32259	☒ Delete	DIRECTOR WILLIAM HARDIE 5268 TREE WAY LANE S. JACKSONVILLE, FL 32258	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR MARK JONES 2740 FLYNN COVE RD JACKSONVILLE, FL 32253	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR IRIS J. SERVAY 968 WESTGATE DRIVE JACKSONVILLE, FL 32221	☐ Change	☒ Addition

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: GARY LAWRENCE GARY LAWRENCE 3-15-00 904 636-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #