

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005318**

1. Entity Name

EAST PASCO BOWLING ASSOCIATION, INC.

Principal Place of Business

**13417 BRADLEY DR
DADE CITY FL 33525**

Mailing Address

**13417 BRADLEY DR
DADE CITY FL 33525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3430326

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

**DOWNEY, RICHARD L
13417 BRADLEY DR
DADE CITY FL 33525**

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 \$61.259. 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 **D** ☐ Delete
NAME **MORENZETTI, LOUIE**
STREET ADDRESS **10144 WELLINGTON AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HODGES, RAWLAND A**
STREET ADDRESS **111000 RED BIRD DRIVE**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **FLEET, CHARLES**
STREET ADDRESS **36653 BLANTON ROAD**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **PARKER, JAMES P**
STREET ADDRESS **4132 COURT STREET**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GROVE, RICHARD A**
STREET ADDRESS **36036 ASTER AVENUE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCCLELLAND, JULIAN**
STREET ADDRESS **36042 ASTER AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91536 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)