

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90343 030 \*\*\*150.00

DOCUMENT # **P000000 41657**

1. Entity Name

**GZ BOWLING, INC****91006****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4851 DAIRY RD**

Suite, Apt. #, etc.

**MELBOURNE, FL**

City &amp; State

Zip

**32904****BREVARD**

County

3. Mailing Address

**4851 DAIRY RD**

Suite, Apt. #, etc.

**MELBOURNE, FL**

City &amp; State

Zip

**32904****BREVARD**

County

4. FEI Number

**59-3642099**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **SAMUEL A. ZURICH**

Street Address (P.O. Box Number is Not Acceptable)

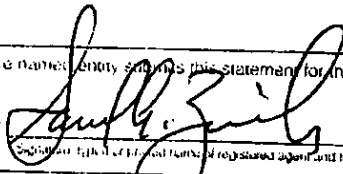
**4851 DAIRY RD**City **MELBOURNE**

FL

Zip **32904****DO NOT WRITE  
IN THIS SPACE**

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 of registered agent and title if applicable

**SAMUEL A. ZURICH**

(NOTE: Registered Agent signature required when resigning)

**5/6/02**

DATE

9. This corporation is eligible to satisfy its intangible  
tax filing requirement and elects to do so.  
(See instruction on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.☐**\$5.00 May Be  
Added to Fees****OFFICERS AND DIRECTORS**

|                                |                |  |
|--------------------------------|----------------|--|
| 11. OFFICERS AND DIRECTORS     |                |  |
| 12. <b>DIPIST</b>              | TITLE          |  |
| 13. <b>ZURICH, SAMUEL</b>      | NAME           |  |
| 14. <b>4851 DAIRY RD</b>       | STREET ADDRESS |  |
| 15. <b>MELBOURNE, FL 32904</b> | CITY-ST-ZIP    |  |
| 16. <b>DUP</b>                 | TITLE          |  |
| 17. <b>GUZZARDO, JON</b>       | NAME           |  |
| 18. <b>4851 DAIRY RD</b>       | STREET ADDRESS |  |
| 19. <b>MELBOURNE, FL 32904</b> | CITY-ST-ZIP    |  |
| 20. <b>---</b>                 | TITLE          |  |
| 21. <b>---</b>                 | NAME           |  |
| 22. <b>---</b>                 | STREET ADDRESS |  |
| 23. <b>---</b>                 | CITY-ST-ZIP    |  |
| 24. <b>---</b>                 | TITLE          |  |
| 25. <b>---</b>                 | NAME           |  |
| 26. <b>---</b>                 | STREET ADDRESS |  |
| 27. <b>---</b>                 | CITY-ST-ZIP    |  |
| 28. <b>---</b>                 | TITLE          |  |
| 29. <b>---</b>                 | NAME           |  |
| 30. <b>---</b>                 | STREET ADDRESS |  |
| 31. <b>---</b>                 | CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 provided 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other persons empowered.

SIGNATURE:

**SAMUEL A. ZURICH, President** **5/6/02 (21) 724-2334**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone