

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90389 024 \*\*\*150.00

**DOCUMENT # P96000047505**

**1. Entity Name**  
**THE ROSE BOWL, INC.**

**Principal Place of Business**

**114 JONES AVENUE**  
**MILTON FL 32570**

**Mailing Address**

**114 JONES AVENUE**  
**MILTON FL 32570**

**2. Principal Place of Business**

**6434 OPEN ROSE DR**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1463 LEWIS RD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**MILTON FLORIDA**

**City & State**

**MILTON FLORIDA**

**4. FEI Number**

**59-3372119**

**Applied For**

**Not Applicable**

**Zip**

**32570**

**Country**

**SANTA ROSA**

**Zip**

**32570-9611**

**Country**

**S.R.**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FULFORD, DONNA**

**114 JONES AVENUE 1463 LEWIS ROAD**  
**MILTON FL 32570 - 9611**

**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**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **FULFORD,**  
**STREET ADDRESS** **1463 LEWIS ROAD**  
**CITY-ST-ZIP** **MILTON FL 32570**

**TITLE** **D** ☒ Delete  
**NAME** **MCDONALD, DENISE**  
**STREET ADDRESS** **1451 LEWIS ROAD**  
**CITY-ST-ZIP** **MILTON FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)