

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702170

Entity Name: BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**621 SIX FLAGS DR
ARLINGTON, TX 76011**Current Mailing Address:**621 SIX FLAGS DR
ARLINGTON, TX 76011 US**FEI Number:** 59-2359587**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, BILL
14513 GLOBAL PARKWAY
FORT MYERS, FL 33913 US*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:** BILL HANSON

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name NEWMAN, CHAD
Address 621 SIX FLAGS DR
City-State-Zip: ARLINGTON TX 76011

Title PAST PRESIDENT
Name HUBBARD, TOM
Address 2250 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34237

Title PRESIDENT
Name HANSON, BILL
Address 2818 N. TAMiami TRAIL
City-State-Zip: FORT MYERS FL 33903

Title VP
Name KRAUSS, CORY
Address 8668 PARK BLVD. N., SUITE K
City-State-Zip: SEMINOLE FL 33777

Title TREASURER
Name BURKETT, LEY
Address 1301 NW 76TH ST
City-State-Zip: GAINESVILLE FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD NEWMAN

EXECUTIVE DIRECTOR

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date