

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730427

1. Entity Name

FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90140 025 ****61.25

Principal Place of Business
912 MYERS PARK DRIVE
TALLAHASSEE FL 32301

Mailing Address
912 MYERS PARK DRIVE
TALLAHASSEE FL 32301-4523

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

59-2376381

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

TROUSDELL, RANDY
912 MYERS PARK DRIVE
TALLAHASSEE FL 32301

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	☒ Delete
DP	CLARKSON, BETSY	901 POPE ROAD	ST. AUGUSTINE FL	☒
D	NORRIS, GERRY	912 MYERS PARK DRIVE	TALLAHASSEE FL 32301	☐
D	STEVENSON, DENNIS	226 CYPRESS LN	LAKE WORTH FL	☒
DP	TROUSDELL, RANDY	912 MYERS PARK DRIVE	TALLAHASSEE FL 32301	☐
D	HUBBARD, RICHARD	5502 33RD AVENUE DRIVE WEST	BRADENTON FL	☒
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
DS	Carolyn Faust	912 Myers Park Dr.	Tallahassee, FL 32301	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(850) 891-3880

Daytime Phone #

CR2E037 (9/98)