

DOCUMENT # N96000005714

1. Entity Name

FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATIO

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90064 049 \*\*\*\*61.25

Principal Place of Business

710 BRECKENRIDGE DRIVE  
PORT ORANGE FL 32127

Mailing Address

710 BRECKENRIDGE DRIVE  
PORT ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3423029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEETS, JERRY  
710 BRECKENRIDGE DRIVE  
PORT ORANGE FL 32127

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

TITLE C  Delete  
NAME SHEETS, JERRY  
STREET ADDRESS 710 BRECKENRIDGE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE V  Delete  
NAME LUPO, GEORGE  
STREET ADDRESS 125 COUNTRY VILLAS DRIVE  
CITY-ST-ZIP SAFETY HARBOR FL 33572

TITLE D  Delete  
NAME STRAUSS, RUDY  
STREET ADDRESS 8502 NW 21ST CT  
CITY-ST-ZIP SUNRISE FL 33322

TITLE D  Delete  
NAME SANTELLO, RICHARD  
STREET ADDRESS 22196 BUFFALO AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D  Delete  
NAME TOWNLEY, JOHN  
STREET ADDRESS 913 SE 14TH CT  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D  Delete  
NAME FISHER, BRUCE  
STREET ADDRESS 11121 HARBOUR SPRINGS CIR  
CITY-ST-ZIP BOCA RATON FL 33428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME TREASURER  
STREET ADDRESS GREGORNIAGLIANO  
CITY-ST-ZIP 6550-150 AVE. NO. \* F101  
CLEARWATER, FL. 33760

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
SHEETS, JERRY

Date  
1/03/01

Daytime Phone #  
904-760-0573

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CR2E037 (10/00)