

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0001907

DOCUMENT # N96000005714

1. Entity Name

FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.

02-04-2002 90127 014 ****61.25

Principal Place of Business

Mailing Address

710 BRECKENRIDGE DRIVE
 PORT ORANGE FL 32127

710 BRECKENRIDGE DRIVE
 PORT ORANGE FL 32127

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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T VITAGLIANO, GREGORY**
 STREET ADDRESS **6550 150 AVE. NO. #F101**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 OF REGISTERED AGENT *Jerry Sheets* 1-7-02 386-760-0573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)