

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

05-16-2001 90049 002 ****61.25

DOCUMENT # N97000005053

1. Entity Name

DOT RICHARDSON SOFTBALL ASSOCIATION, INC.

Principal Place of Business

**731 VASSAR STREET
ORLANDO FL 32804**

Mailing Address

**731 VASSAR STREET
ORLANDO FL 32804**

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 **59-3470283**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBERT PINTO
RICHARDSON, ALONZO C
731 VASSAR STREET
ORLANDO FL 32804

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

Thomas P. McCarthy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/01

DATE

submitted 8/30/01.
FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 ☒ Delete
NAME **D RICHARDSON, ALONZO C**
STREET ADDRESS **3 INTERLAKEN ROAD**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Delete
NAME **D MALATESTA, JOHN**
STREET ADDRESS **840 ARJAY WAY**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME **D CASSADY, JOHN**
STREET ADDRESS **4042 CONWAY PLACE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Delete
NAME **D MCEACHRON, SCOTT**
STREET ADDRESS **2132 MOHAWK TRAIL**
CITY-ST-ZIP **MAFLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **ROBERT PINTO**
STREET ADDRESS **1075 W. LAKE SHORE DRIVE**
CITY-ST-ZIP **CLEMENS, FL 34711**

TITLE ☐ Change ☒ Addition
NAME **TIM BROOKS**
STREET ADDRESS **2667 TAYLOR CREEK RD.**
CITY-ST-ZIP **CHRISTMAS, FL 32709**

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
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 REQUIRED

8/8/01

72,266.500

CR2E037 (5/01)