

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90073 014 ****61.25

DOCUMENT # N97000005053

1. Entity Name

DOT RICHARDSON SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**731 VASSAR STREET
 ORLANDO FL 32804**

**731 VASSAR STREET
 ORLANDO FL 32804**

2. Principal Place of Business

1075 W. Lakeshore Drive

3. Mailing Address

614 E. Hwy. 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 211

City & State
Clermont, FL

City & State
Clermont, FL

4. FEI Number

59-3470283

Applied For

Not Applicable

Zip
34711

Country
USA

Zip
34711

Country
USA

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

**RICHARDSON, ALONZO C
 731 VASSAR STREET
 ORLANDO FL 32804**

Name
Robert Pinto

Street Address (P.O. Box Number is Not Acceptable)
1075 W. Lakeshore Drive

City
Clermont FL 34711

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

[Handwritten Signature]

4/23/02

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 **D** Delete
 NAME **PINTO, ROBERT**
 STREET ADDRESS **1075 W LAKESHORE DR**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BROOKS, TIM**
 STREET ADDRESS **2867 TAYLOR CREEK RD**
 CITY-ST-ZIP **CHRISTMAS FL 32709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Richardson, Dorothy G.**
 STREET ADDRESS **1075 W. Lakeshore Drive**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *[Handwritten Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 352-243-5662

Date Daytime Phone #

CR2E037 (9/01)