

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722435

1. Entity Name

MAITLAND SOFTBALL ASSOCIATION INC.

Principal Place of Business

Mailing Address

2115 CREE TRAIL  
CASSELBERRY FL 32707  
US

PO BOX 947625  
MAITLAND FL 32794-7625  
US

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

23-7202235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALOVIC, ROBERT  
1107 THUNDER TRAIL  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

KNAUS, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

317 OAK HILL DRIVE

City

ALTAMONTE SPRINGS FL

Zip Code

32701

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

*Richard Knaus*

RICHARD KNAUS, TREASURER

1/19/2000

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	T	<input checked="" type="checkbox"/> Delete
NAME	VOSS, TINA	
STREET ADDRESS	1620 EXCALIBUR DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COTTER, KEN	
STREET ADDRESS	407 OAK HILL DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYD, BRENDA	
STREET ADDRESS	225 TANGLEWOOD DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OCCHIALINI, DAVE	
STREET ADDRESS	2115 CREE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KHAUS, RICHARD	
STREET ADDRESS	317 OAK HILL DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUS, RICHARD T	
STREET ADDRESS	317 OAK HILL DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/19/00 (407) 869-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #