

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

04-30-2002 90126 015 ****70.00

DOCUMENT # 722435

1. Entity Name

MAITLAND SOFTBALL ASSOCIATION INC.

Principal Place of Business

Mailing Address

**317 OAK HILL DRIVE
 ALTAMONTE SPRINGS FL 32701
 US**

**PO BOX 947625
 MAITLAND FL 32794-7625
 US**

91571

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNAUS, RICHARD L
 317 OAK HILL DR
 ALTAMONTE SPRINGS FL 32701**

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 **T** ☐ Delete
 NAME **KNAUS, RICHARD**
 STREET ADDRESS **317 OAK HILL DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **COTTER, KEN**
 STREET ADDRESS **407 OAK HILL DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☒ Change ☐ Addition
 NAME **MIKE EASTMAN**
 STREET ADDRESS **1951 MOHICAN TRAIL**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **S** ☒ Delete
 NAME **BOYD, BRENDA**
 STREET ADDRESS **225 TANGLEWOOD DR**
 CITY-ST-ZIP **APOKA FL 32712**

TITLE **S** ☒ Change ☐ Addition
 NAME **SCOTT, HADLEY**
 STREET ADDRESS **110 ADAMS DR.**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **PD** ☐ Delete
 NAME **OCCIALINI, DAVE**
 STREET ADDRESS **2115 CREE TRAIL**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

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:

SIGNATURE REQUIRED

4/15/02

407-332-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)