

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90823 001 ****70.00

DOCUMENT # 722435

1. Entity Name

MAITLAND SOFTBALL ASSOCIATION INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KNAUS, RICHARD	
STREET ADDRESS	317 OAK HILL DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OCCHIALINI, DAVE	
STREET ADDRESS	2115 CREE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EASTMAN, MIKE	
STREET ADDRESS	1951 MOHICAN TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HADLEY, SCOTT	
STREET ADDRESS	110 ADAMS DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MICHAEL GRIFFIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRES.	
STREET ADDRESS	210 PEMBROOK PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	KEN COTTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	407 OAK HILL DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN STAHL	
STREET ADDRESS	2503 DRIFTWOOD DR.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEENA JACK	
STREET ADDRESS	1200 WOLSEY DR.	
CITY-ST-ZIP	MAITLAND, FL 32751	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

2/17/03 (407) 332-0014

CR2E037 (10/02)