

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90063 029 ****61.25

DOCUMENT # 766172

1. Entity Name

SEMINOLE SOFTBALL CLUB INC.

Principal Place of Business

Mailing Address

S.R. 419
LONGWOOD FL 32750
US

P O BOX 196475
WINTER SPRINGS FL 32719-6475
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

59-2935286

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

WILLIAMS, DANIEL F
110 SHADOW LAKE DRIVE
LONGWOOD FL 32779

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 PD ☐ Delete
NAME WILSON, PETER
STREET ADDRESS 386 BUSH HILL COURT
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Change ☒ Addition
NAME BEN WIGHT
STREET ADDRESS 1500 ELLIOTT ST.
CITY-ST-ZIP SANFORD, FL 32771

TITLE VD ☐ Delete
NAME ~~POITZER, JOHN K~~ JOHN K. BITZER
STREET ADDRESS 2724 DEER BERRY COURT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ~~POITZER, JOHN K~~ ☐ Change ☐ Addition
NAME ~~POITZER, JOHN K~~
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WILLIAMS, DANIEL F.
STREET ADDRESS 110 SHADOW LAKE DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Change ☒ Addition
NAME JIM GUNOT
STREET ADDRESS 679 OSWEGO CT.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SD ☐ Delete
NAME BUTLER, DIANE
STREET ADDRESS 441 E CENTER STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Change ☒ Addition
NAME JEFF FICKES
STREET ADDRESS 1725 COTTONWOOD CREEK AL
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete
NAME LASHER, GEORGE
STREET ADDRESS 132 KRIDER ROAD
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☐ Change ☒ Addition
NAME WES SESSIONS
STREET ADDRESS 436 SOUTH VIRGINIA AVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☒ Delete
NAME ~~BOYSON, JOHN~~
STREET ADDRESS ~~436 EAGLE CIRCLE~~
CITY-ST-ZIP ~~CASSELBERRY FL 32707~~

TITLE D ☐ Change ☒ Addition
NAME DONNA FRANK
STREET ADDRESS 4075 SANFORD AVE
CITY-ST-ZIP SANFORD, FL 32773

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:

DANIEL F. WILLIAMS, TREAS 4/9/02 774-1990
(407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)