

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90015 049 \*\*\*\*61.25

**DOCUMENT # 766172**

1. Entity Name

**SEMINOLE SOFTBALL CLUB INC.**



Principal Place of Business

**S.R. 419  
LONGWOOD FL 32750  
US**

Mailing Address

**P O BOX 196475  
WINTER SPRINGS FL 32719-6475  
US**

**60004545**



☒ CHECK HERE IF MAKING CHANGES

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 **50-2935286**

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

**JOHN K BITZER**

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

**2724 DEER BERRY CT**

City

**LONGWOOD**

FL

Zip Code

**32779**

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

**1/8/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                        |
|----------------------------|---------------------|---|------------------------|
| TITLE                      | NAME                | TITLE   | NAME                   |
| PD                         | WILSON, PETER       |   |                        |
| 386 BUSH HILL COURT        |                     |   |                        |
| LAKE MARY FL 32746         |                     |   |                        |
| VD                         | BITZER, JOHN K      | TREASURER   | BITZER, JOHN K         |
| 2724 DEER BERRY COURT      |                     |   | 2724 DEER BERRY CT     |
| LONGWOOD FL 32779          |                     |   | LONGWOOD FL 32779      |
| TD                         | WILLIAMS, DANIEL F. | VICE PRESIDENT  | DONNA FRANK            |
| 110 SHADOW LAKE DR         |                     |   | 4675 S. SANFORD AVE    |
| LONGWOOD FL 32779          |                     |   | SANFORD, FL. 32773     |
| SD                         | BUTLER, DIANE       | SECRETARY   | TRISH TABOR            |
| 441 E CENTER STREET        |                     |   | 117 EAST FLOYD AVE     |
| ALTAMONTE SPRINGS FL 32701 |                     |   | LAKE MARY FL 32746     |
| D                          | LASHER, GEORGE      |   |                        |
| 132 KRIDER ROAD            |                     |   |                        |
| SANFORD FL 32773           |                     |   |                        |
| D                          | SESSONS, WES        | VICE PRESIDENT  | TODD STEWART           |
| 436 SOUTH VIRGINIA AVENUE  |                     |   | 1833 CROWLEY CIRCLE E. |
| SANFORD FL 32771           |                     |   | LONGWOOD FL 32779      |

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: **SC/UT/3 REQUIRED**

**1/8/03 467-333-3471**