5/21/01-90405-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-21-2001 90405 026 ****61.25

DOCUMENT # N00000006362

1. Entity Name
FLORIDA SOFTBALL CRICKET ASSOCIATION INC

Principal Place of Business	Mailing Address
906 E. HWY 436 CASSELBERRY FL 32707	3342 ARCHER AVE, ORLANDO FL 32833

2. Principal Place of Business	3. Mailing Address
906 E. HWY 436	3342 ARCHER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CASSELBERRY	
City & State: FL	City & State: ORLANDO FL
Zip: 32707 Country: USA	Zip: 32833 Country: USA

[redacted] 74745

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3666608 ☐ 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
SURENDRA THAKOORPERSAD 3342 ARCHER AVE ORLANDO, FL 32833	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: S. Thakoorpersad 5/17/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP: [illegible] ☐ Delete	TITLE: REX JIAWAN ☐ Change ☐ Addition NAME: Same as above D
TITLE: PRESIDENT ☐ Delete NAME: S. THAKOORPERSAD D STREET ADDRESS: 3342 ARCHER AVE CITY-ST-ZIP: ORLANDO FL 32833	☐ Change ☐ Addition
TITLE: VICE PRESIDENT ☐ Delete NAME: [illegible] D STREET ADDRESS / CITY-ST-ZIP: [illegible]	☐ Change ☐ Addition
TITLE: SECRETARY ☐ Delete NAME: GANESH JIAWAN D STREET ADDRESS: Same as above CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TREASURER ☐ Delete D NAME: WENDELL LOAKNAUTH STREET ADDRESS: Same as above CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ONGRAR NARINE ☐ Delete NAME / STREET ADDRESS: Same as above D CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: S. Thakoorpersad 5/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #