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

FILED
Jun 05, 2003 8:00 am
Secretary of State
05-05-2003 91775 031 ****61.25

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DOCUMENT # N00000006362

1. Entity Name
FLORIDA SOFTBALL CRICKET ASSOCIATION INC.

Principal Place of Business	Mailing Address
	3342 ARCHER AVE. ORLANDO FL 32833

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1722 RACHELS RIDGE	
Suite, Apt. #, etc. LOOP	Suite, Apt. #, etc.
City & State OCOEE FL	City & State
Zip 34761 Country	Zip Country

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
THAKOORPERSAD, SURENDRA 3342 ARCHER AVE ORLANDO FL 32833 delete	Name GANGADEEN NARINE Street Address (P.O. Box Number is Not Acceptable) 1722 RACHELS RIDGE LOOP City OCOEE FL Zip Code 34761

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 O. Narine 4/23/03
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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KOORPERSAD, THA S 3342 ARCHER AVE. ORLANDO FL 32833	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GANGADEEN D PATRAN	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D JIAWAN, GANESH 3342 ARCHER AVE. ORLANDO FL 32833	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D NARINE, ON GRAR 3342 ARCHER AVE. ORLANDO FL 32833	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 O. Narine 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #