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

## DOCUMENT # N01000005111

1. Entity Name



Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90104 006 \*\*\*\*61.25

**FILED** 

NC.	FAST	PITCH	SOFTBALL	ORGANIZATION,	İ
NC.					

NC.			TO WE THE	3/
Principal Place of Business 721 DEWOLF ROAD BRANDON FL 33511		Mailing Address		_
		721 DEWOLF ROAD BRANDON FL 33511		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
	. Name and Address of Cu	Irrent Registered Agent	<u> </u>	

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3344318 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Make Check Payable to Florida Department of State Change ■ Addition ☐ Change Addition Addition ☐ Change Addition ☐ Change Addition

Name

City

RODRIGUEZ, CYNTHIA K 721 DEWOLF ROAD **BRANDON FL 33511** 

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

9. Election Campaign Financing

Added to Fees

FILE NOW: FEE IS \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE RODRIGUEZ, GLEEN L NAME STREET ADDRESS 721 DEWOLF ROAD STREET ADDRESS **CR2E037** CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP ☐ Delete RODRIGUEZ, CYNTHIA K STREET ADDRESS 721 DEWOLF ROAD STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP TITLE ☐ Delete STREHL, EUNINE NAME NAME STREET ADDRESS 10420 ASHLEY OAKS DR STREET ADDRESS CITY-ST-7IP RIVERVIEW FL 33569 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Cynthia K. Robrigger 1-7-03