FILED
May 14, 2003 8:00 am
Secretary of State
04-21-2003 90379 029 ****61.25

4/2

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

1

DOCUMENT # N02000007919

1. Entity Name
ORLANDO NO FEAR LADIES SOFTBALL,INC.

55040605

Principal Place of Business	Mailing Address
4041 TERIWOOD AVENUE ORLANDO, FL 32812	4041 TERIWOOD AVENUE ORLANDO, FL 32812

☐ 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 46-0503090 ☐ 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
BAILEY, JOHN G 4041 TERIWOOD AVENUE ORLANDO, FL 32812	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John N. Bailey 4-15-03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $7.50

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	P BAILEY, JOHN G 4041 TERIWOOD AVENUE ORLANDO, FL 32812 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAILEY, LISA L 4041 TERIWOOD AVENUE ORLANDO, FL 32812 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAREY, JERRY 3806 GATLIN WOODS DR. ORLANDO, FL 32812 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAREY, SANDRA 3806 GATLIN WOODS DR. ORLANDO, FL 32812 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WISIAK, GARY 5433 WINFREE DR. ORLANDO, FL 32812 ☐ 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

D D D D D

OR2E037 (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: John N. Bailey John G. Bailey 4-15-03 407-595-6025
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OR STATUS) (DATE) (DAYTIME PHONE #)