

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90137 044 *****70.00

DOCUMENT # N31236

1. Entity Name

METRO ORLANDO AMATEUR SOFTBALL ASSOCIATION, INC.

Principal Place of Business

METRO ORLANDO USA, ATTN: TONY GALLOWAY
179 HILL STREET
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 948305
MAITLAND FL 32794-8305
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3052377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALLOWAY, TONY

179 HILL STREET
CASSELBERRY FL 32707

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01
 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
PD
ELLINGSWORTH, WALTER J
501 SPRINGVIEW DR.
SANFORD FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
HULTIN, MARC
1720 TERA ALTA
APOPKA FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PE
GASPARINI, JOE
264 W. WORTH ST.
ALTAMONTE SPRINGS FL 32714

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPC
GALLOWAY, TONY
179 HILL STREET
CASSELBERRY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TR
MCCRANIE, LESLIE
1718 WILLA CIRCLE
WINTER PARK FL 32792

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JO Commissioner
Rocky Ellingsworth
301 Dort St.
Plant City, FL 33566

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Commissioner
Tony Galloway
P.O. Box 948305
Maitland, FL 32794

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Alan Doney - President
9411 Waldstrasse Ct.
Orlando FL 32824

☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

407-855-9001
 Daytime Phone #

CR2037 (10/00)