

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91743 026 \*\*\*\*61.25

**DOCUMENT # N31236**

*W/C NOT FILED*

1. Entity Name  
**Central Florida**  
~~METRO ORLANDO~~ AMATEUR SOFTBALL ASSOCIATION, INC.

*AM*

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  
**Central FL ASA**  
Suite, Apt. #, etc.  
**1718 Willa Circle**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Winter Park FL**

City & State

4. FEI Number  
**59-3052377**

Applied For  
Not Applicable

Zip  
**32792**

Country  
**USA**

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**  
**1718 WILLA CIR.**  
**WINTER PARK FL 32792**

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, 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  
**TDC**  
**ELLINGSWORTH, ROCKY**  
**301 DORT ST.**  
**PLANT CITY FL 33566**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC**  
**GALLOWAY, TONY**  
**PO BOX 948365**  
**MAITLAND FL 32794**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DOMINY, ALAN**  
**9411 WALDSTRASSE CT.**  
**ORLANDO FL 32824**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Bill Goebel**  
**225 Newburyport Avenue**  
**Altamonte Springs, FL 32701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)