

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90034 039 ****70.00

DOCUMENT # N47032

1. Entity Name

METRO WEST SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5820 WEST CENTRAL AVE.
ORLANDO FL 32835

P.O. BOX 616727
ORLANDO FL 32861-6727

B0013812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3103533

Applied
Not

Zip

Country

USA

Zip

Country

USA

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

SNYDER, MARIANNE
9112 IVEY HILL CT.
ORLANDO FL 32819

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 *Marianne M Snyder*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/2000
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
DP
SHIRLEY, JEAN M
220 BAYWEST NEIGHBORS CIRCLE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MURRAY, JOHN
8155 WILSMERE CIRCLE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GOLDSTIEN, MARY
168 LAKE DRIVE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SNYDER, MARLANNE M
9112 IVEY HILL CT.
ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marianne M Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000
Date

407-876-5877
Daytime Phone #