

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am
Secretary of State**

02-28-2001 90028 003 ****61.25

DOCUMENT # N47032

1. Entity Name

METRO WEST SOFTBALL ASSOCIATION, INC.

Principal Place of Business

**5820 WEST CENTRAL AVE.
ORLANDO FL 32835**

Mailing Address

**P.O. BOX 616727
ORLANDO FL 32861**

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

59-3103533

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

**SNYDER, MARIANNE
9112 IVEY HILL CT.
ORLANDO FL 32819**

Name

Mary Goldstein

Street Address (P.O. Box Number is Not Acceptable)

1529 Rowe Ave

City

Gotha**FL**

Zip Code

34734

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

Mary Goldstein Treasurer**Mary Goldstein****2-21-01**

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	DP	<input type="checkbox"/> Delete
NAME	SHIRLEY, JEAN M	
STREET ADDRESS	220 BAYWEST NEIGHBORS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	MURRAY, JOHN	
STREET ADDRESS	8155 WLLSMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTIEN, MARY	
STREET ADDRESS	168 LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	Deana Simpson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1822 Hyacinth Dr	
STREET ADDRESS	Orlando, FL 32835	
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, MARLANNE M	
STREET ADDRESS	9112 IVEY HILL CT.	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	Mary Goldstein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1529 Rowe Ave	
STREET ADDRESS	Gotha FL 34734	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mary Goldstein**Mary Goldstein****2-21-01****407.294-6254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)