

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90013 038 ****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**

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

**GOLDSTEIN, MARY
 1529 ROWE AVENUE
 GOTHIA FL 34734**

Name

Shannon Shure

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

1414 Countryridge Place

City

Orlando

FL

Zip Code

32835

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

Shannon Shure, Shannon Shure, Secretary

DATE

2/21/02

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** ☐ Delete
 NAME **SHIRLEY, JEAN M**
 STREET ADDRESS **220 BAYWEST NEIGHBORS CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

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

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

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

TITLE **DS** ☒ Delete
 NAME **SIMPSON, DEANA**
 STREET ADDRESS **7822 HYACINTH DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **S** ☐ Change ☒ Addition
 NAME **Shannon Shure**
 STREET ADDRESS **1414 Countryridge Place**
 CITY-ST-ZIP **Orlando FL 32835**

TITLE **DT** ☒ Delete
 NAME **GOLDSSTEIN, MARY**
 STREET ADDRESS **1529 ROWE AVENUE**
 CITY-ST-ZIP **GOTHIA FL 34734**

TITLE **T** ☐ Change ☒ Addition
 NAME **Kelly Heath**
 STREET ADDRESS **231 Baywest Neighbors Circle**
 CITY-ST-ZIP **Orlando FL 32835**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **V** ☐ Change ☒ Addition
 NAME **Bob Waltman**
 STREET ADDRESS **1375 Countryridge Place**
 CITY-ST-ZIP **Orlando FL 32835**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
 NAME **Mike Yurigan**
 STREET ADDRESS **1426 Countryridge Place**
 CITY-ST-ZIP **Orlando FL 32835**

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: Shannon Shure **2-21-02** **4072909227**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)