

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90198 007 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 616550**  
Suite, Apt. #, etc.

City & State

City & State  
**ORLANDO, FL**

4. FEI Number **59-3103533**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**32861**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHURE, SHANNON  
1414 COUNTRYRIDGE PLACE  
ORLANDO FL 32835**

**7. Name and Address of New Registered Agent**

Name **Hahne, John**  
Street Address (P.O. Box Number is Not Acceptable)  
**1019 Palm Cove Dr**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John E Hahne President** **3/27/03**  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, JEAN M	
STREET ADDRESS	220 BAYWEST NEIGHBORS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, JOHN	
STREET ADDRESS	8155 WLLSMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHURE, SHANNON	
STREET ADDRESS	1414 COUNTRYRIDGE PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HEATH, KELLY	
STREET ADDRESS	231 BAYWEST NEIGHBORS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALTMAN, BOB	
STREET ADDRESS	1375 COUNTRYRIDGE PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YURIGAN, MIKE	
STREET ADDRESS	1426 COUNTRYRIDGE PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	DPT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hahne, John E	
STREET ADDRESS	1019 Palm Cove Drive	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abel, DWIGHT	
STREET ADDRESS	1184 Palm Cove Drive	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGOSTINI, CHRISTINE	
STREET ADDRESS	258 Killington Way	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORTONE, JASON	
STREET ADDRESS	2525 POAT DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGahan, Timothy	
STREET ADDRESS	1296 Shener Rock Rd	
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: **SIGNATURE REQUIRED**

CR2E037 (10/02)