

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90227 005 \*\*\*\*61.25

**DOCUMENT # N93000001864**  
 1. Entity Name  
**ORLANDO SENIOR BASEBALL ASSOCIATION, INC.**

Principal Place of Business <b>618 MAYFAIR DR ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>618 MAYFAIR DR ALTAMONTE SPRINGS FL 32701-6237</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3196962</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**VOGLER, GILBERT**  
**618 MAYFAIR DR**  
**ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>VOGLER, GILBERT</b>	
STREET ADDRESS	<b>618 MAYFAIR DR</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>TASHIAN, GEORGE</b>	
STREET ADDRESS	<b>6765 LUMBERJACK LANE</b>	
CITY-ST-ZIP	<b>LAKEMARY FL</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>SPILIOTIS, CHRIS</b>	
STREET ADDRESS	<b>3877 VILLA ROSE LN</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Gilbert Vogler* **REQUIRED** Date: 1-11-2000 Daytime Phone #: 407-788-0504

CR2E037 (9/99)