

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90072 046 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001864

1. Entity Name

ORLANDO SENIOR BASEBALL ASSOCIATION, INC.

Principal Place of Business

618 MAYFAIR DR  
ALTAMONTE SPRINGS FL 32701

Mailing Address

618 MAYFAIR DR  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3196962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VOGLER, GILBERT  
 618 MAYFAIR DR  
 ALTAMONTE SPRINGS FL 32701

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

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

T TITLE NAME DP  
 STREET ADDRESS VOGLER, GILBERT  
 CITY-ST-ZIP 618 MAYFAIR DR  
 ALTAMONTE SPRINGS FL 32701 ☐ Delete

T TITLE NAME DVP  
 STREET ADDRESS TASHTIAN, GEORGE  
 CITY-ST-ZIP 6785 LUMBERJACK LANE  
 LAKEMARY FL ☒ Delete

T TITLE NAME DS  
 STREET ADDRESS SPILOTIS, CHRIS  
 CITY-ST-ZIP 3877 VILLA ROSE LN  
 ORLANDO FL 32808 ☐ Delete

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME DS  
 STREET ADDRESS RICHARD CAMPBELL  
 CITY-ST-ZIP 546 FONTANA DR #101  
 ALTAMONTE SPRINGS, FL 32714 ☒ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-01

Date

407-310-6695

Daytime Phone #

CR2E037 (5/01)