

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 & State

City & State

4. FEI Number

59-3196862

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME **DS** Change Addition
STREET ADDRESS **RICHARD COPP 2206**
CITY-ST-ZIP **546 FONTANA DR # 101
ALTAMONTE SPRINGS, FL 32714**

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

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

T
TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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* **GILBERT VOGLER**

7-24-01 **407-310-6695**

SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/01)