


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90153 006 ****61.25

DOCUMENT # N93000001864

1. Entity Name
ORLANDO SENIOR BASEBALL ASSOCIATION, INC.



Principal Place of Business Mailing Address
618 MAYFAIR DR **618 MAYFAIR DR**
ALTAMONTE SPRINGS FL 32701 **ALTAMONTE SPRINGS FL 32701**

70034540



CHECK HERE IF MAKING CHANGES

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 **59-3196962** Applied For
 Not Applicable

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

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 **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. I am familiar with, and accept the obligations of registered agent.

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VOGLER, GILBERT	
STREET ADDRESS	618 MAYFAIR DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CAPAZZOLA, RICHARD	
STREET ADDRESS	546 FONTANA DRIVE, #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SPILIOTIS, CHRIS	
STREET ADDRESS	3877 VILLA ROSE LN	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	GEORGE BEATTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	337 REDWING WAY	
STREET ADDRESS	CASSELBERRY, FL 32707	
CITY-ST-ZIP		
TITLE	MIKE CARPENTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5406 GLASGOW AVE.	
STREET ADDRESS	ORLANDO, FL 32819	
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: *[Signature]* **REQUIRED**

4-3-03 407-830-7749

CR2E037 (10/02)