

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000912

1. Entity Name

FAST PITCH OFFICIALS ASSOCIATION OF CENTRAL FLORIDA, INC.**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90174 047 ****61.25

0087626

Principal Place of Business	Mailing Address
1221 MARSCASTLE AVE. ORLANDO FL 32812 US	PO BOX 4788 WINTER PARK FL 32793-4788 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3151357	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRACE, J C
1221 MARSCASTLE AVE.
ORLANDO FL 32812

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.

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, LARRY	
STREET ADDRESS	1620 BOMI CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SACKETT, GREGORY A	
STREET ADDRESS	109 BACKSKIN WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CONNELLY, MICHAEL W	
STREET ADDRESS	3490 HEATHERSTONE CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEEPER, JEFFREY	
STREET ADDRESS	5309 PINEBURY CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRACE, JOSEPH C	
STREET ADDRESS	1221 MARSLASTLE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRCHNER, MICHAEL	
STREET ADDRESS	1589 WARRINGTON ST.	
CITY-ST-ZIP	WINTER PARK FL	

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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERIE FREEMAN	
STREET ADDRESS	7022 PENDER WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
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:

Michael W. Connelly **Michael W. CONNELLY** 1/14/02 407-277-1823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)