

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90120 014 \*\*\*\*61.25

**DOCUMENT # N95000005719**

1. Entity Name

**ORLANDO HEAT GIRLS FASTPITCH SOFTBALL INC.**

Principal Place of Business

Mailing Address

**4562 WHEELHOUSE CT.  
 ORLANDO FL 32812**

**4562 WHEELHOUSE CT.  
 ORLANDO FL 32812-8079**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3354280**

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

7. Name and Address of New Registered Agent

**STRAZI, TOMMY  
 4562 WHEELHOUSE CT.  
 ORLANDO FL 32812**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STRAZI, TOMMY		NAME:	
STREET ADDRESS: 4562 WHEELHOUSE CT.		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32812		CITY-ST-ZIP:	
NAME: STRAZI, GINGER C		NAME:	
STREET ADDRESS: 4562 WHEELHOUSE CT		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32812		CITY-ST-ZIP:	
NAME: RODAK, TIM		NAME:	
STREET ADDRESS: 4412 YACHTMANS CT.		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32812		CITY-ST-ZIP:	
NAME: PATTI, RAY		NAME:	
STREET ADDRESS: 3477 OAKWATER POINTE DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32812		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Tommy Strazi* 1/12/00 407.380.5000 x217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)