

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90025 013 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3354280**

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

**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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	STRAZI, TOMMY	4562 WHEELHOUSE CT.	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STRAZI, GINGER C	4562 WHEELHOUSE CT	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RODAK, TIM	4412 YACHTMANS CT.	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PATTI, RAY	3477 OAKWATER POINTE DRIVE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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**  
THOMAS STRAZI  
Date: 1/31/02  
Daytime Phone #: 4073805000 +3217