

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006469

1. Entity Name

YOUTH SOFTBALL ASSOCIATION OF APOPKA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90058 016 ****61.25

Principal Place of Business

11 OAK HAMMOCK LANE
 APOPKA FL 32712

Mailing Address

11 OAK HAMMOCK LANE
 APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3421924

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

BARWIKOWSKI, LEAH
 11 OAK HAMMOCK LANE
 APOPKA FL 32712

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 13, 2000 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

TITLE VPD ☒ Delete
 NAME BURN, CHARLES
 STREET ADDRESS 257 W. MAGNOLIA ST.
 CITY-ST-ZIP APOPKA FL 32712

TITLE DVP ☐ Change ☒ Addition
 NAME GIPSON, GERALD
 STREET ADDRESS 3211 PLYMOUTH SORRENTO RD
 CITY-ST-ZIP APOPKA, FL 32712

TITLE DS ☐ Delete
 NAME OWEN, SHARON
 STREET ADDRESS 3211 PLYMOUTH SORRENTO RD
 CITY-ST-ZIP APOPKA FL 32712

TITLE DS ☒ Change ☐ Addition
 NAME OWEN, SHARON
 STREET ADDRESS 3211 PLYMOUTH SORRENTO RD
 CITY-ST-ZIP APOPKA FL 32712

TITLE DP ☐ Delete
 NAME BARWIKOWSKI, LEAH
 STREET ADDRESS 11 OAK HAMMOCK LANE
 CITY-ST-ZIP APOPKA FL 32712

TITLE DIRECTOR/TREASURER ☒ Change ☐ Addition
 NAME BARWIKOWSKI, LEAH
 STREET ADDRESS 11 OAK HAMMOCK LN
 CITY-ST-ZIP APOPKA FL 32712

TITLE DVP ☐ Delete
 NAME OWEN, SCOTT
 STREET ADDRESS 3211 PLYMOUTH SORRENTO ROAD
 CITY-ST-ZIP APOPKA FL 32712

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
 NAME OWEN, SCOTT
 STREET ADDRESS 3211 PLYMOUTH SORRENTO RD
 CITY-ST-ZIP APOPKA, FL 32712

TITLE D ☒ Delete
 NAME IRAZZARY, LUIS
 STREET ADDRESS 5236 KATILYNN DR.
 CITY-ST-ZIP APOPKA FL 32712

TITLE DVP ☐ Change ☒ Addition
 NAME MOORE, JENNIE
 STREET ADDRESS 7 THURMAN LANE
 CITY-ST-ZIP APOPKA FL 32712

TITLE D ☒ Delete
 NAME GILL, KATHY
 STREET ADDRESS 2113 COUNTRY SIDE DR.
 CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ 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: *Scott Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT OWEN

Date

9/7/00

Daytime Phone #

(407) 466 3660

CR2E037 (5/00)