

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000006469**1. Entity Name
YOUTH SOFTBALL ASSOCIATION OF APOPKA, INC.Principal Place of Business
11 OAK HAMMOCK LANE
APOPKA FL 32712
Mailing Address
11 OAK HAMMOCK LANE
APOPKA FL 327122. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421924Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARWIKOWSKI LEAH
11 OAK HAMMOCK LANE
APOPKA FL 32712 US

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 _____ 07/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILL KATHY	
STREET ADDRESS	2113 COUNTRY SIDE DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRAZZARY LUIS	
STREET ADDRESS	5236 KATILYNN DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	OWEN SCOTT	
STREET ADDRESS	3211 PLYMOUTH SORRENTO ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARWIKOWSKI LEAH	
STREET ADDRESS	11 OAK HAMMOCK LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DS	<input type="checkbox"/> Delete
NAME	OWEN SHARON	
STREET ADDRESS	3211 PLYMOUTH SORRENTO RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BURN CHARLES	
STREET ADDRESS	257 W. MAGNOLIA ST.	
CITY-ST-ZIP	APOPKA FL 32712	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN SCOTT	
STREET ADDRESS	3211 PLYMOUTH SORRENTO ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARWIKOWSKI LEAH	
STREET ADDRESS	11 OAK HAMMOCK LANE	
CITY-ST-ZIP	APOPKA FL 32712	
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)(f), 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

DP

07/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)