

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006469

FILED
Jun 25, 2002 8:00 AM
Secretary of State

Entity Name: YOUTH SOFTBALL ASSOCIATION OF APOPKA, INC.

Current Principal Place of Business:

11 OAK HAMMOCK LANE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

11 OAK HAMMOCK LANE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3421924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARWIKOWSKI, LEAH
11 OAK HAMMOCK LANE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: OWEN, SHARON
Address: 3211 PLYMOUTH SORRENTO RD
City-St-Zip: APOPKA, FL 32712

Title: DT () Delete
Name: BARWIKOWSKI, LEAH
Address: 11 OAK HAMMOCK LANE
City-St-Zip: APOPKA, FL 32712

Title: DP () Delete
Name: OWEN, SCOTT
Address: 3211 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OWEN, SHARON
Address: 3211 PLYMOUTH SORRENTO RD
City-St-Zip: APOPKA, FL 32712

Title: DT (X) Change () Addition
Name: DAVIS, DARLENE
Address: P.O. BOX 985
City-St-Zip: PLYMOUTH, FL 32768

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: GIPSON, GAROLD
Address: P.O. BOX 985
City-St-Zip: PLYMOUTH, FL 32768

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT OWEN

DP

06/25/2002

Electronic Signature of Signing Officer or Director

Date