

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # N98000000929

1. Entity Name

DOT RICHARDSON SOFTBALL ASSOCIATION OF ALTAMONTE

Principal Place of Business

Mailing Address

230 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750

230 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750-6148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, DAVID W  
230 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750

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 use 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 ☐ Delete  
NAME PHILLIPS, DAVID W  
STREET ADDRESS 230 CROWN OAK CENTRE DR  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PHILLIPS, WANDA P  
STREET ADDRESS 230 CROWN OAK CENTRE DR  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ROSSMAN, KEN  
STREET ADDRESS 230 CROWN OAK CENTRE DR  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 2000

407.788-1745

Date

Daytime Phone #

FILED

00 JUN 19 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/10/00 90141011 \$61.25

DO NOT WRITE IN THIS SPACE

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)

ATTACHMENT 1 DUL # NY8000000924 2012

Form **SS-4**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Dot Richardson Softball Association of Altamonte Springs, Inc.</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>230 Crown Oak Centre Drive</u>	
	4b City, state, and ZIP code <u>Longwood</u>	5a Business address (if different from address on lines 4a and 4b)
	5b City, state, and ZIP code <u>Florida 32750</u>	
	6 County and state where principal business is located <u>Seminole - Florida</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ <u>258.74.4221</u> <u>David W. Phillips</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)  | <input type="checkbox"/> Estate (SSN of decedent)    |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Personal service corp.      |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> National Guard              |
| <input type="checkbox"/> State/local government   | <input type="checkbox"/> Farmers' cooperative        |
| <input type="checkbox"/> Church or church-controlled organization                       | <input type="checkbox"/> Trust                       |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Youth Softball</u> | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ▶  | (enter GEN if applicable)                            |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- |   |  |
|---|--|
| <input type="checkbox"/> Started new business (specify type) ▶            | <input type="checkbox"/> Banking purpose (specify purpose) ▶               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶          | <input type="checkbox"/> Purchased going business                          |
|   | <input type="checkbox"/> Created a trust (specify type) ▶                  |
|   | <input type="checkbox"/> Other (specify) ▶                                 |

10 Date business started or acquired (month, day, year) (see instructions) 2/16/98 11 Closing month of accounting year (see instructions) 12/31/9812 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural 0 Agricultural 0 Household 014 Principal activity (see instructions) ▶ Youth Softball League15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ▶16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ▶17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ David W. Phillips, President

Business telephone number (include area code)

407.332.7754 x215

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶

Signature ▶

Date ▶ 01 June 2000

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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