

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005645

1. Entity Name

CENTRAL FLORIDA FAST-PITCH SOFTBALL ASSOCIATION,

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90048 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

20 N. ORANGE AVE., STE. 1000  
ORLANDO FL 32801-4626

20 N. ORANGE AVE., STE. 1000  
ORLANDO FL 32801-4626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537727

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

BRUMBY, ANDREW M  
20 N. ORANGE AVE., STE. 1000  
ORLANDO FL 32801-4626

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 **D** ☐ Delete  
NAME **MIXON, JOHN**  
STREET ADDRESS **12435 FRIENDSHIP RD.**  
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ Delete  
NAME **MIXON, DEBBIE**  
STREET ADDRESS **12435 FRIENDSHIP RD.**  
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☒ Delete  
NAME **TORDI, DONNA**  
STREET ADDRESS **7675 APPLR TREE CIR.**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Andrew Brumby**  
CITY-ST-ZIP **8533 Willow Wish Ct**  
**Orlando, FL 32811**

TITLE **D** ☐ Delete  
NAME **LAWRICK, FRAN**  
STREET ADDRESS **17802 WESTBAY CT.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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  
NAME  
STREET ADDRESS  
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)(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:

**GORNATI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 407654-8174

CR2E037 (9/99)