

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90100 001 ****61.25

DOCUMENT # N98000005645

1. Entity Name

CENTRAL FLORIDA FAST-PITCH SOFTBALL ASSOCIATION,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

300 South ORANGE AVE.

3. Mailing Address

300 S. ORANGE AVE.

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3537727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fees Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ANDREW M. BRUMBY

Street Address (P.O. Box Number is Not Acceptable)

300 South ORANGE Avenue

Suite 1000

City

ORLANDO

FL

Zip Code

32801

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

Andrew M. Brumby

ANDREW M. BRUMBY, SECRETARY

2/3/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, JOHN	
STREET ADDRESS	12435 FRIENDSHIP RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, DEBBIE	
STREET ADDRESS	12435 FRIENDSHIP RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORDI, DONNA	
STREET ADDRESS	7675 APPLR TREE CIR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRICK, FRAN	
STREET ADDRESS	17802 WESTBAY CT.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUMBY, ANDREW	
STREET ADDRESS	8533 WILLOW WISH CT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John LAWRIK	
STREET ADDRESS	17802 WESTBAY CT	
CITY-ST-ZIP	WINTER GARDEN FLORIDA 34787	
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)(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:

Andrew M. Brumby
 ANDREW M. BRUMBY, SECRETARY

2/3/01

407-423-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)