

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90188 027 ****61.25

DOCUMENT # N98000005645

1. Entity Name

CENTRAL FLORIDA FAST-PITCH SOFTBALL ASSOCIATION, INC.



Principal Place of Business

**300 SOUTH ORANGE DRIVE
SUITE 1000
ORLANDO FL 32801-4626**

Mailing Address

**300 SOUTH ORANGE DRIVE
SUITE 1000
ORLANDO FL 32801-4626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3537727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUMBY, ANDREW M
300 S. 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWRICK, JOHN
17802 WEST BAY COURT
WINTER GARDEN FL 34787** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
SHARON OWEN
3211 PLYMOUTH-SOMERSET RD.
APOKA, FLA 32712** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
RIP OLDFIELD
26435 BAIRD AVENUE
SOMERSET, FLA. 32776** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRUMBY, ANDREW
8533 WILLOW WISH CT
ORLANDO FL 32811** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/24/03

407-835-6901

CR2E037 (10/02)