2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # 709091 1. Entity Name					Jan 12, 2001 08:00 AM			
UNITED S	TATES TENNIS ASSOCIATION	-FLORIDA SECTION, INC	C.	56	ecretary of S	iaie		
Dringing Dise	a of Durchage	Maritima Astatasas						
Principal Place 1280 SW 36 AV		Mailing Address						
SUITE 305	_	SUITE 305						
POMPANO BE 330694868	ACH FL	POMPANO BEACH 330694868	FL					
2. Principal Place of Business		3. Mailing Address 1280 SW 36 AVE						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	DO NOT WRITE IN THIS SPACE			
SUITE 305		SUITE 305				<del></del>		
City & State POMPANO BE		City & State	FL	4. FEI Numb		<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	13		\$8.75 Add		
330694868	us	330694868	us	5. Certificate	e of Status Desired	Fee Require	id d	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Register	ed Agent	· · · · · · · · · · · · · · · · · · ·	
CT CORPORATION SYSTEM				Name				
1200 S. PINE ISLAND ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATIO	ON F	L						
33324	US		City			FL Zip Cod	e	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or	r registered agent, or bo	th, in the state of Florida.	l		
SIGNATURE _					01/	/12/2001		
SIGNATORE 2	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstating)	DA			
Company of the second	on the second second second					<del></del> ,		
A STATE OF THE PARTY OF THE PAR		9. Election Campaign F	· · ·	\$5.00 May Be Make Check Payable to				
	FEE 18 \$61,25	्री Trust Fund Contributi	on. $\square$	Added to Fees	Departm	ent of State		
10.	OFFICERS AND DI	<del></del>	11.	ADDITIONS (CL	IANGES TO OFFICERS AND	) DIDECTORS IN	110	
TITLE	T	☐ Delete	TITLE	T	INIVACES TO OFFICERS AND	Change	☐ Addition	
NAME	BOIKO BRUCE	□ <i>5</i> 01000	NAME		ON	Da Grizingo	L Addition	
STREET ADDRESS	13400 SW 63RD AVE.		STREET ADDRESS	1627 NORTH SWINT	7 NORTH SWINTON AVE.			
CITY-ST-ZIP	MIAMI	FL 33156	CITY-ST-ZIP	DELRAY BEACH	FL.	33444		
TITLE	SD	☐ Delete	TITLE	SD		X Change	☐ Addition	
NAME STREET ADDRESS	REHM CELIA		NAME		ATT			
CITY-ST-ZIP	2882 CLEMMENS COVE RD.  JACKSONVILLE	FL 32223	STREET ADDRESS CITY-ST-ZIP	557 SANDY OAKS BL ORMOND BEACH	AD. FL	32174		
TITLE	VPD	☐ Delete	TITLE	VPD		X Change	☐ Addition	
NAME	KRAJEWSKI MATT	□ Deleté	NAME	HODGE BJ		MI Change	☐ Youlder	
STREET ADDRESS	557 SANDY OAKS BLVD.		STREET ADDRESS	1819 NW 98 STREET				
CITY-ST-ZIP	ORMOND BCH.	FL 32174	CITY-ST-ZIP	GAINESVILLE	FL	32606		
TITLE	VPD	☐ Delete	TITLE	VPD		X Change	Addition	
NAME	VAROSKI ELAINE		NAME					
STREET ADDRESS CITY-ST-ZIP	3626 BELAIR LANE NAPLES	FL 34103	STREET ADDRESS CITY-ST-ZIP	8000 CUMBERLAND   LARGO	000 CUMBERLAND ROAD ARGO FL 33777			
	PDD			PDD			☐ Address	
TITLE NAME	MILLS JEAN	☐ Delete	TITLE Name	1	NCY	X Change	☐ Addition	
STREET ADDRESS	5247 TENNIS LANE		STREET ADDRESS	2395 HAWTHORNE I		-		
CITY-ST-ZIP	DELRAY BEACH	FL	CITY-ST-ZIP	CLEARWATER	· FL	33763		
TITLE		☐ Delete	TITLE			Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: \_

NAME STREET ADDRESS

CITY-ST-ZIP

NANCY MORGAN

PDD

01/12/2001