

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90073 021 \*\*\*\*61.25

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**DOCUMENT # N44591**

1. Entity Name

**BAY AREA BLACK TENNIS PLAYERS (BABTEP), INC.**

Principal Place of Business

Mailing Address

5914 IDLE FOREST PLACE  
 TAMPA FL 33614

5914 IDLE FOREST PLACE  
 TAMPA FL 33614

**CU021839**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3099258**

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

**JEAN-PIERRE, EDWARD**  
**5914 IDLE FOREST PLACE**  
**TAMPA FL 33614**

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 PD  Delete  
 NAME DAVIS, ARETHA  
 STREET ADDRESS 5914 IDLE FOREST PL  
 CITY-ST-ZIP TAMPA FL

Change  Addition

TITLE VD  Delete  
 NAME PARHAM, ALMA  
 STREET ADDRESS 1043 19TH AVENUE S  
 CITY-ST-ZIP ST. PETERSBURG FL

Change  Addition

TITLE SD  Delete  
 NAME NELSON, JERRY  
 STREET ADDRESS 1929 5TH AVE DR E  
 CITY-ST-ZIP BRADENTON FL

Change  Addition

TITLE TD  Delete  
 NAME JEAN-PIERRE, EDWARD  
 STREET ADDRESS 701 E. SELMA AVENUE  
 CITY-ST-ZIP TAMPA FL

Change  Addition

TITLE D  Delete  
 NAME ROUNDTREE, NATHANIEL  
 STREET ADDRESS 4615 COLUMBUS WAY S  
 CITY-ST-ZIP ST. PETERSBURG FL

Change  Addition

TITLE  Delete  
 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 all other like empowered.

SIGNATURE:

*Handwritten signature: Edouard Jean-Pierre*

*Handwritten date: 2/08/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)