2000 UNIFORM BUSINESS REPORT (UBR)

May 07, 2000 8:00 am Secretary of State **DOCUMENT # N48056** GREATER VOLUSIA TENNIS LEAGUE, INC. 05-07-2000 90007 020 ****61.25 Mailing Address Principal Place of Business P.O. BOX 1530 414 MARY AVE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32170-1530 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2012094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KENNEDY, DOYLE 414 MARY AVE., PO BOX 1530 **NEW SMYRNA BEACH FL 32170** Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Department of State **FEE IS \$61.25** Jerry Cooper OFFICERS AND DIRECTORS 10. 11. Deland C.C. TITLE ☐ Delete TITLE 38 Garden Dr. COOPER, JEREMY NAME Deland Fl 32724 STREET ADDRESS 10645 QUAIL RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32095 **Delete** TITLE TITLE Shearline Sanders LOY, JIM NAME NAME Tomoka Oaks Country Club STREET ADDRESS STREET ADDRESS 9551 BAYMEADOWS RD. STE 16 20 Tomoka Oaks Blvd. CITY-ST-7IP CITY-ST-ZIP Jacksonville FL 32256 Ormond Bch, Fl. 32174 Delete TITLE Kennedy, Doyle NAME 414 MARY AVENUE, POB 1530 STREET ADDRESS STREET ADDRESS CITY-ST-778 CITY-ST-ZIP NEW_SMYRNA BEACH-FL-☐ Change ☐ Addition SD Delete TITLE HOLLIS, BETH NAME STREET ADDRESS 737 FLORA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE CHEESEBORO, AR-LANDEBERE NAME NAME STREET ADDRESS 1501 RIDGEWOOD AVE #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLY HILL FL ☐ Addition ☐ Delete TITLE TITLE GILBERT, HARRY NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

200 PLANTATION BAY DR

BUNNEL FL

STREET ADDRESS

CITY-ST-ZIP

IPRESIDENT 4/25/00

FILED