

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90037 031 \*\*\*\*61.25

**DOCUMENT # N95000000267**

1. Entity Name

**NORTH PALM BEACH COUNTY WOMEN'S TENNIS ASSOCIATI**

Principal Place of Business

Mailing Address

16599 NARROWS DR  
 JUPITER FL 33477

16599 NARROWS DR  
 JUPITER FL 33477-1362

0000267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**178 THORNTON DRIVE**

3. Mailing Address

**178 THORNTON DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

City & State

**PALM BEACH GARDENS FL**

Zip

**33418**

Country

**U.S.**

Zip

**33418**

Country

**U.S.**

4. FEI Number

**65-0500016**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHEWS, GEORGE W III**  
**1325 S CONGRESS AVE, 1325**  
**BOYNTON BEACH FL 33426**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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:**  
**FEF 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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERTEL, SHIRLEY</b>	
STREET ADDRESS	<b>16599 NARROWS DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> Delete
NAME	<b>JOSLYN, LISA</b>	
STREET ADDRESS	<b>91 YACHT CLUB PL</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LOGAN, GINGER</b>	
STREET ADDRESS	<b>17888 BRIAN WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DEAN, LINDA</b>	
STREET ADDRESS	<b>152 N. RIVER DRIVE E.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FELDMESSER, ELAINE</b>	
STREET ADDRESS	<b>3 ALUWICK RD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	<b>MOSTEL, SUSAN</b>		
STREET ADDRESS	<b>178 THORNTON DR</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/00 (561) 624-0950**

Date

Daytime Phone #