

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90015 032 ****61.25

DOCUMENT # N95000004247

1. Entity Name

TAMPA BAY INNER-CITY YOUTH TENNIS ACADEMY, INC.

Principal Place of Business

Mailing Address

1509 SERENE WAY SOUTH
 ST. PETERSBURG FL 33705

1509 SERENE WAY SOUTH
 ST. PETERSBURG FL 33705-6135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343074

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOWN, DOUGLAS
1509 SERENE WAY SOUTH
ST. PETERSBURG FL 33705

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CUSTRO, LILLY	
STREET ADDRESS	1110 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL 33718	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LIONEL V	
STREET ADDRESS	638 EAST 38TH ST	
CITY-ST-ZIP	BROOKLYN NY 11203	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, VALERIE	
STREET ADDRESS	11604 NINTH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORTEAU, CARMEN	
STREET ADDRESS	6741 18TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENTO, ANNETTE	
STREET ADDRESS	2755 66TH TERRACE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHULICK, JOHN JR	
STREET ADDRESS	4260 48TH AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	Samh McCown	
STREET ADDRESS	1509 Serene Way So.	
CITY-ST-ZIP	St Petersburg, FL 33705	
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		
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

1/5/00

72-864-493

Date

Daytime Phone #