2000 UNIFORM BUSINESS R

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## FILED May 03, 2000 8:00 am Secretary of State

## **DOCUMENT # 709091**

1. Entity Name

UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION					Secretary of State 02-07-2000 90048 020 ****70.00				
Principal Plac	ce of Business	Mailing Address			<del>- </del>	02-07-2000 7	0046 020	70.00	
1280 SW 38 AVE SUITE 305 POMPANO BEACH FL 33069-4868		1280 SW 36 AVE SUITE 305 POMPANO BEACH FL 33069-4868			A ARRIVE HER!	UF (J))] BE()Å 18(B) 1900 BIA	ri Gr <b>iff d</b> inks Ninsy Si	dis <b>dit</b> ià indi	
2. Principal F	Place of Business	3. Mailing Address		<del></del> .					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			=	DO NOT WRITE IN TH	HIS SPACE		
City & Stat	te	City & State			4. FEI Number	-7161642		plied For Applicable	
Zip,	ip) Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	<del></del>	<del>-</del>	7. Name and Addr	ess of New Register	ed Agent		
	o. Itame and Address of Current	Hagistereo Agent		Name	1. Haine and Auer	OSS OF FIRST FINGSISTES.	<u> </u>		
CT CORPORATION SYSTEM			-	Street Address (P.O. Box Number is Not Acceptable)					
1200 S. P	rine Island Road		l			. Partingala			
PLANTATI	ON FL 33324		ŀ	City			FL Zip Cod	e	
	a named entity submits this statement for								
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: I  FILE NOW:  9. Election Campaign F  Trust Fund Contribut		E: Registered /	ord Agent signature required when reinstating)  DATE  Strong \$5.00 May Be Added to Fees  Make Check Payable to Department of State		]				
					5.00 May Be			)	
10	FEE 1S \$61.25	Trust Fund Contrib	oution.		dded to Fees	Departm	ent of State		
10.	FEE 1S \$61.25  OFFICERS AND DI	Trust Fund Contrib	oution.		5.00 May Be dided to Fees ADDITIONS/CHANGE	Departm	ent of State	10	
TITLE	FEE IS \$61.25  OFFICERS AND DII PDD	Trust Fund Contrib	11.		dded to Fees	Departm	ent of State		
TITLE NAME	PDD MILLS, JEAN	Trust Fund Contrib	11.		dded to Fees	Departm	ent of State	10 Addition	
TITLE	PDD MILLS, JEAN 5247 TENNIS LANE	Trust Fund Contrib	11.	ADORESS	dded to Fees	Departm	ent of State	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEE IS \$61.25  OFFICERS AND DII PDD MILLS, JEAN 5247 TENNIS LANE DELRAY BEACH FL	Trust Fund Contrib	11.  TITLE  NAME  STREET  CITY-S	ADORESS	dded to Fees	Departm	ent of State	10	
TITLE NAME STREET ADDRESS	PDD MILLS, JEAN 5247 TENNIS LANE DELRAY BEACH FL VPD	Trust Fund Contrib	11. TITLE NAME STREET	ADORESS	dded to Fees	Departm	ent of State DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDD MILLS, JEAN 5247 TENNIS LANE DELRAY BEACH FL VPO VAROSKI, ELAINE	Trust Fund Contrib	11. TITLE NAME STREET CITY-S TITLE NAME	ADORESS	dded to Fees	Departm	ent of State DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DII PDD MILLS, JEAN 5247 TENNIS LANE DELRAY BEACH FL VPO VAROSKI, ELAINE 3626 BELAIR LANE	Trust Fund Contrib	11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	dded to Fees	Departm	ent of State DIRECTORS IN Change	10 Addition	
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TITLE

NAME

STREET ADDRESS

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☐ Delete

1/10/2000

954968-3434 x24

Daytime Phone &

☐ Change

☐ Addition

<sup>12.</sup> 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.