

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90003 033 ****61.25

DOCUMENT # 739743 ✓
 1. Entity Name
THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 155 NORTHAMPTON RD 155 NORTHAMPTON RD
 AMHERST MA 01002 AMHERST MA 01002-2513
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2041901** Applied For
 Not Applicable
 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
PLANTE, MARY ANN
1152 NEW YORK AVE.
WINTER PARK FL 32789
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, LAURINE	NAME	
STREET ADDRESS	40 ROCKPORT RD	STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, THEODORA	NAME	
STREET ADDRESS	155 NORTH HAMPTON RD	STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA 01002	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTOCK, SHEILA	NAME	
STREET ADDRESS	43 CREST RD	STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA 01702	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDURKO, DIANE	NAME	
STREET ADDRESS	356 HILCREST RD	STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02192	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LOIS	NAME	
STREET ADDRESS	14823 LAQUINTA LANE	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	MC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURTNEY, SUE	NAME	
STREET ADDRESS	58630 130TH CT.	STREET ADDRESS	
CITY-ST-ZIP	APPLE VALLEY MN	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** *Diane Fidurko* 6/1/00 781-444-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #