2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709091

1. Entity Name

1 DEUCE COURT SHITE 100

Principal Place of Business

DAYTONA BEACH FL 32124

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

UNITED STATES TENNIS ASS , INC.



FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90037 011 ****70 00

SOCIATION-FLORIDA SECTION			02 03 2003 3003	, 011	70.00
_	Mailing Address 1 DEUCE COURT SUITE 100 DAYTONA BEACH FL 32124 US				
	3. Mailing Address		1 10 111 10 11 10 110 10 110 10 110 110		
	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	.G CHANC	
	City & State		4. FEI Number 23-7161642		Applied I
					Not Appl
	Zin	Country		\$8.75	Additional

CT CORPORATION SYSTEM 1200 S. PINE/ISLAND ROAD PLANTATION EL 33324

6. Name and Address of Current Registered Agent

Country

7. Name and Address of New Registered Agent BOOTH Dou & Street Address (P.O. Box Number is Not Acceptable) / O C

5. Certificate of Status Desired

Zip Code 32/24 .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. I am familiar with, and accept the obligations of registered agent.

Country

Zip

egistered Agent signature required when reinstating)

Applied For

Fee Required

Not Applicable

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. PALSIVENT. Change TITLE PDD ■ Delete TITLE BRUCE BOIKD 6301 RIEVIERA DRIVE NAME MORGAN, NANCY NAME STREET ADDRESS 2395 HAWTHORNE DRIVE STREET ADDRESS CORNE GARGES, AL 33146 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** Addition Change TREASURER ☐ Delete JO ANN ZIRPOLI VPD TITLE NAME MARIA, CERCONE NAME 112 DOMINICIA WAY STREET ADDRESS 8000 CUMBERLAND ROAD STREET ADDRESS NICEUILLE, FL 32508 CITY-ST-ZIP LARGO FL 33777-CITY-ST-ZIP VICE PRESIDENT Change Addition TITLE VPD CELIA REHM NAME 2882 PLUMMENS COVE RD HODGE, BJ NAME STREET ADDRESS 1819 NW 98 STREET STREET ADDRESS CITY-ST-ZIP MCKSOWVILLE, MC **GAINESVILLE FL 32606** CITY-ST-7IP Addition ☐ Change KECRETARY TITLE 🔼 Delete TITLE PAOD' VALENTINE NAME KRAJEWSKI, MATT NAME RIVER RIDGE TRAIL STREET ADDRESS STREET ADDRESS 557 SANDY OAKS BLVD. CITY-ST-ZIP ORMOND BEALLING 32174 CITY-ST-ZIP ORMOND BEACH FL 32174 PRESIDENT · ELECT ☐ Addition ☐ Delete TITLE TITLE DEN CLEVELAND CLEVELAND, DON NAME NAME 1627 NORTH SWINTON AUG STREET ADDRESS 1627 NORTH SWINTON AVE. STREET ADDRESS DELANY GENERY 12 33444 CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: