

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727617

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC9695179001**

**Entity Name:** THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

1096 WILMINGTON AVE  
SAN JOSE, CA 95129

**Current Mailing Address:**

1096 WILMINGTON AVE  
SAN JOSE, CA 95129 US

**FEI Number: 23-7313401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KENWORTHY, D.J. DDS  
3931 BAY SHORE ROAD  
SARASOTA, FL 34234 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name BELBY, MIKE  
Address 208 PEQUEST DR.  
City-State-Zip: BELVIDERE NJ 07823

Title PRESIDENT  
Name CHRISTENSEN, DAVID  
Address 1435 S 1350 E  
City-State-Zip: CLEARFIELD UT 84015

Title OTHER  
Name MCHUGH, GARY  
Address 1131 LILLY VUE CT.  
City-State-Zip: MARS PA 16046

Title OTHER  
Name KASPERS, ROBERT  
Address 2515 THE STRAND  
City-State-Zip: NORTHBROOK IL 60062

Title VP  
Name BIGGS, ANDREW  
Address 3810 W. CENTER LANE  
City-State-Zip: SPOKANE WA 99208

Title ED  
Name LEE, CORI  
Address 1096 WILMINGTON AVE.  
City-State-Zip: SAN JOSE CA 95129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CORI LEE**

**EXECUTIVE DIRECTOR**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date