

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 709091

1. Entity Name
 UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION, INC.

Principal Place of Business 1280 SW 36 AVE SUITE 305 POMPANO BEACH 330694868 FL	Mailing Address 1280 SW 36 AVE SUITE 305 POMPANO BEACH 330694868 FL
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2. Principal Place of Business 1280 SW 36 AVE	3. Mailing Address 1280 SW 36 AVE
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Suite, Apt. #, etc. SUITE 305	Suite, Apt. #, etc. SUITE 305
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City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
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Zip 330694868	Country US	Zip 330694868	Country US
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4. FEI Number 23-7161642	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD

PLANTATION FL
33324 US

7. Name and Address of New Registered Agent

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 **01/12/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP	T BOIKO BRUCE 13400 SW 63RD AVE. MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REHM CELIA 2882 CLEMMENS COVE RD. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRAJEWSKI MATT 557 SANDY OAKS BLVD. ORMOND BCH. FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAROSKI ELAINE 3626 BELAIR LANE NAPLES FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD MILLS JEAN 5247 TENNIS LANE DELRAY BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEVELAND DON 1627 NORTH SWINTON AVE. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAJEWSKI MATT 557 SANDY OAKS BLVD. ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGE BJ 1819 NW 98 STREET GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIA CERCONE 8000 CUMBERLAND ROAD LARGO FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD MORGAN NANCY 2395 HAWTHORNE DRIVE CLEARWATER FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NANCY MORGAN PDD 01/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)