2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90111 039 ****61.25

DOCUMENT # 738538

1. Entity Name

COURTSIDE TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
512 N AUBURN ROAD VENICE FL 34292-1600	512 N AUBURN ROAD VENICE FL 34292-1600

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1745556 ☐ 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
LIPP, GEORGE W. JR. 2860 MYAKKA ROAD VENICE FL 34293	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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WELLS, WILLIAM I 1641 VALLEY DR VENICE FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOCH, AL 1005 N. GONDOLA DR. VENICE FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MULIER, ROGER V 188 LOOKOUT PT DR OSPREY FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIEZ, MARY ELLEN 1120 LARCHMONT DR. ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILHELM, JAN 3892 WOODMERE PARK BLVD #209 VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT-SD DOBSON, MARGARET 7356 HART ST. ENGLEWOOD FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VEIT, HANS R 346 PEPPERTREE RD VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEIT, HANS R. 346 PEPPERTREE RD. VENICE FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUTT, VICTORIA 1602 HONEY CT VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYETTE, A. MARSHALL 2325 GOYA DR. NOKOMIS FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, FRAN 22318 BLANCHARD AVE PT CHARLOTTE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOWERS, RON 647 BIRD BAY DR. WEST VENICE FL 34292	☐ Change ☒ Addition

CR2E037 (9/99)

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 4-11-00 941.485-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #