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

**FILED**
**Feb 28, 2003 8:00 am**
**Secretary of State**
02-28-2003 90143 011 ****61.25

DOCUMENT # 738538

1. Entity Name
COURTSIDE TENNIS CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 512 N AUBURN ROAD<br>VENICE FL 34292-1600 | 512 N AUBURN ROAD<br>VENICE FL 34292-1600 |

☐ CHECK HERE IF MAKING CHANGES

| 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**

LIPP, GEORGE W. JR.
2860 MYAKKA ROAD
VENICE FL 34293

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PIXLEY, G. WILLIAM<br>2206 CALUSA LAKES BOULEVARD<br>NOKOMIS FL 34275 | ☐ Delete | D<br>FOLAN, BARBARA<br>5040 WHITE STONE DR.<br>VENICE FL 34293 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GAUVREAN, JAMES<br>701 VALENCIA RD<br>VENICE FL 34285 | ☐ Delete | VPD<br>GAUVREAU, JAMES<br>701 VALENCIA RD.<br>VENICE FL 34285 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>THORNER, BETTY<br>1700 TREE HOUSE CIRCLE<br>SARASOTA FL 34231 | ☐ Delete | D<br>HAHN, JUDY<br>2013 WHITE FEATHER LANE<br>NOKOMIS FL 34275 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>OSHER, JAMES<br>921 BAYSHORE RD<br>NOKOMIS FL 34275 | ☐ Delete | D<br>CALDERON, DOM<br>627 ALHAMBRA RD 1102 E<br>VENICE FL 34285 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEFAZIO, ELIZABETH<br>2106 TIMCUA TRAIL<br>NOKOMIS FL 34275 | ☒ Delete | D<br>HENNESSY GEORGE<br>2515 ALAMANDER AVE.<br>ENGLEWOOD, FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCARTHY, GAY<br>767 BRIDLE OAKS DR<br>VENICE FL 34292 | ☒ Delete | D<br>GRENS RONALD<br>241 WARWICK AVE.<br>VENICE FL 34292 | ☐ Change ☒ Addition |

CR2E037 (10/02)

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 G. WILLIAM PIXLEY, PRESIDENT 2/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR