

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739743

1. Entity Name

THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90002 020 \*\*\*\*61.25

Principal Place of Business

155 NORTHAMPTON RD  
AMHERST MA 01002  
US

Mailing Address

155 NORTHAMPTON RD  
AMHERST MA 01002  
US

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

59-2041901

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

PLANTE, MARY ANN  
1152 NEW YORK AVE.  
WINTER PARK FL 32789

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LEACH, LAURINE**  
CITY-ST-ZIP **40 ROCKPORT RD**  
**WESTON MA 02193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SHEPHERD, THEODORA**  
CITY-ST-ZIP **155 NORTH HAMPTON RD**  
**AMHERST MA 01002**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WEINSTOCK, SHEILA**  
CITY-ST-ZIP **43 CREST RD**  
**FRAMINGHAM MA 01702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **FIDURKO, DIANE**  
CITY-ST-ZIP **356 HILCREST RD**  
**NEEDHAM MA 02192**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **WILLIAMS, LOIS**  
CITY-ST-ZIP **14823 LAQUINTA LANE**  
**HOUSTON TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MC**  
STREET ADDRESS **FURTNEY, SUE**  
CITY-ST-ZIP **58630 130TH CT.**  
**APPLE VALLEY MN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Laurine R. Leach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb. 14, 2001* **781**  
**235-9558**

CR2E037 (10/00)