

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90082 040 *****61.25

DOCUMENT # 739743

1. Entity Name

THE SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

155 NORTHAMPTON RD
AMHERST MA 01002
US

155 NORTHAMPTON RD
AMHERST MA 01002
US

2. Principal Place of Business

3. Mailing Address

515 NORTH SHORE RD

P.O. BOX 142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE OSWEGO, OR

LAKE OSWEGO, OR

Zip

Country

Zip

Country

97034

USA

97034

USA

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

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 Mary Ann Plante MARY ANN PLANTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	LEACH, LAURINE	
STREET ADDRESS	40 ROCKPORT RD	
CITY-ST-ZIP	WESTON MA 02193	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, THEODORA	
STREET ADDRESS	155 NORTH HAMPTON RD	
CITY-ST-ZIP	AMHERST MA 01002	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINSTOCK, SHEILA	
STREET ADDRESS	43 CREST RD	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIDURKO, DIANE	
STREET ADDRESS	356 HILCCREST RD	
CITY-ST-ZIP	NEEDHAM MA 02192	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LOIS	
STREET ADDRESS	14823 LAQUINTA LANE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	MC	<input checked="" type="checkbox"/> Delete
NAME	FURTNEY, SUE	
STREET ADDRESS	58630 130TH CT.	
CITY-ST-ZIP	APPLE VALLEY MN	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET ANDERSON	
STREET ADDRESS	515 NORTH SHORE RD.	
CITY-ST-ZIP	LAKE OSWEGO, OR 97034	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIS KASH	
STREET ADDRESS	11960 S.W. FINCH AVE.	
CITY-ST-ZIP	BEAVERTON, OR 97007	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN KOTICKER	
STREET ADDRESS	4339 134TH PLACE S.E.	
CITY-ST-ZIP	BELLEVUE, WA 98006	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN DUNLOP	
STREET ADDRESS	18529-186TH PLACE N.E.	
CITY-ST-ZIP	WOODINVILLE, WA 98072	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE JONES	
STREET ADDRESS	13739-15TH ST. N.E. STE B12	
CITY-ST-ZIP	SEATTLE, WA 98125	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA KREBS	
STREET ADDRESS	1819-41ST AVENUE E	
CITY-ST-ZIP	SEATTLE, WA 98112	

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:

Margaret T. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET T. ANDERSON 1/14/02 503-656-9292

Date

Daytime Phone #

CR2E037 (9/01)