

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742387

1. Entity Name

K. B. TENNIS ASSOCIATION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90127 002 \*\*\*\*61.25

Principal Place of Business

6702 CRANDON BLVD.  
KEY BISCAYNE FL 33149  
US

Mailing Address

P.O. BOX 532  
KEY BISCAYNE FL 33149

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

59-1980080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MARY J  
315 PALMWOOD LANE  
KEY BISCAYNE FL 33149

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

*Mary June Johnson*

1/14/00

Signature, typed or printed name of registered agent and file 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	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY J	
STREET ADDRESS	315 PALM WOOD LN	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAMES MOSTER	
STREET ADDRESS	230 W MCINTIRE ST	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BETSY MICHELENA	
STREET ADDRESS	350 PALMWOOD LN	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATHY BOHUTINSKI	
STREET ADDRESS	613 OCEAN DR #10-C	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW KAPLAN	
STREET ADDRESS	3248 VIRGINIA ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JERRY GREY	
STREET ADDRESS	881 OCEAN DR #22-A	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Borresen	
STREET ADDRESS	THE PALACE #1505	
CITY-ST-ZIP	154 BRICKELL AVE MIAMI, FL 33129	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDNEY BRASS	
STREET ADDRESS	199 OCEAN LANE DR #207	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY GREY	
STREET ADDRESS	881 OCEAN DR #22-A	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	

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:

*Mary June Johnson* TREAS 1/14/00 305 361 3893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)