

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742387

1. Entity Name

K. B. TENNIS ASSOCIATION, INC.

FILED

Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90019 031 ****61.25

Principal Place of Business

Mailing Address

6702 CRANDON BLVD.
KEY BISCAVNE FL 33149
US

P.O. BOX 532
KEY BISCAVNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1980080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, MARY J
315 PALMWOOD LANE
KEY BISCAVNE 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

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	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY J	
STREET ADDRESS	315 PALM WOOD LN	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BORRESEN, JOHN	
STREET ADDRESS	1541 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRASS, SIDNEY	
STREET ADDRESS	199 OCEAN LANE DR. #207	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSTER, JAMES	
STREET ADDRESS	230 W MCINTIRE ST	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEIG, BETSY	
STREET ADDRESS	789 CRANDON BLVD #305	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZUBILLAGA, RITA	
STREET ADDRESS	245 WOODCREST ROAD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSTER, JAMES	
STREET ADDRESS	230 W. MCINTIRE ST	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW BOHUTINSKY	
STREET ADDRESS	413 OCEAN DR.	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBILLAGA, RITA	
STREET ADDRESS	245 WOODCREST Rd.	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, ANDREW	
STREET ADDRESS	3248 VIRGINIA, ST	
CITY-ST-ZIP	COCONUT GROVE, FL 33131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, SANDRA	
STREET ADDRESS	881 OCEAN DRIVE 27-F-G	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, ROBERT	
STREET ADDRESS	1111 CRANDON BLVD C-1107	
CITY-ST-ZIP	KEY BISCAVNE, 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 Jane Johnson (MARY JANE JOHNSON) 1/10/02 305 561 3893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)