

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90094 039 ****61.25

DOCUMENT # 742387

1. Entity Name

K. B. TENNIS ASSOCIATION, INC.



Principal Place of Business

**6702 CRANDON BLVD.
KEY BISCAYNE FL 33149
US**

Mailing Address

**P.O. BOX 532
KEY BISCAYNE FL 33149**

40016461

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 BISCAYNE FL 33149**

Name **SANDRA M. SHAPIRO**

Street Address (P.O. Box Number is Not Acceptable)
881 OCEAN DR. #27F

City **KEY BISCAYNE**

FL

Zip Code **33149**

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 ☒ Delete
NAME **JOHNSON, MARY J**
STREET ADDRESS **315 PALM WOOD LN**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
NAME **P ANDREW BOHUTINSKY**
STREET ADDRESS **613 OCEAN DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☒ Delete
NAME **MOSTER, JAMES**
STREET ADDRESS **230 WE MCINTIRE STREET**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
NAME **VP KAPLAN, ANDREW**
STREET ADDRESS **3248 VIRGINIA ST.**
CITY-ST-ZIP **COCONUT GROVE, FL 33131**

TITLE ☐ Delete
NAME **VP BOMUTINSKY, ANDREW**
STREET ADDRESS **613 OCEAN DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☒ Addition
NAME **SEC. ZABALLAGA, RITA**
STREET ADDRESS **245 WOODCREST RD.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME **D KAPLAN, ANDREW**
STREET ADDRESS **3248 VIRGINIA STREET**
CITY-ST-ZIP **COCONUT GROVE FL 33131**

TITLE ☒ Change ☐ Addition
NAME **T SHAPIRO, SANDRA**
STREET ADDRESS **881 OCEAN DR. #27F**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME **D SHAPIRO, SANDRA**
STREET ADDRESS **881 OCEAN DRIVE 27-F**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☒ Addition
NAME **D BRASS, SIDNEY**
STREET ADDRESS **199 OCEAN LANE DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME **D BARON, ROBERT**
STREET ADDRESS **1111 CRANDON BLVD C-1107**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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:

Sandra M. Shapiro

1/20/03 (305) 361-1261

CR2E037 (10/02)