

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 857397**

1. Entity Name

TENNIS INDUSTRY ASSOCIATION, INCORPORATED**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90097 022 ***150.00

Principal Place of Business

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408
US

Mailing Address

% JOHN D. RIDDLE
200 CASTLEWOOD RD
N PALM BCH FL 33408-5666

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 **06-1050343**

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

RIDDLE, JOHN D.
200 CASTLEWOOD DRIVE
N. PALM BEACH FL 33408

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KAMPERMAN, KURT**
STREET ADDRESS **19 POPE AVE, SUITE 107**
CITY-ST-ZIP **HILTON HEAD ISLAND SC 29928**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BAUGH, JIM**
STREET ADDRESS **8700 W. BRYN MAWR AVE**
CITY-ST-ZIP **CHICAGO IL 60631**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **FERMAN, RICK**
STREET ADDRESS **70 WEST RED OAK LN**
CITY-ST-ZIP **WHITE PLAINS NY 10604**TITLE ☐ Change ☒ Add
NAME
STREET ADDRESS **341 Madison Avenue, Ste. 600**
CITY-ST-ZIP **New York, New York 10017**TITLE **V** ☒ Delete
NAME **FORTE, JILL**
STREET ADDRESS **121 COMMODORE DR**
CITY-ST-ZIP **NEW SMYRNA FL**TITLE ☐ Change ☒ Add
NAME **Dave Holland**
STREET ADDRESS **Prince**
CITY-ST-ZIP **One Sportsystem Rd.**TITLE **D** ☒ Delete
NAME **MARGIN, RICK**
STREET ADDRESS **ONE TENNIS COURT**
CITY-ST-ZIP **BORDENTOWN NJ 08505**TITLE ☐ Change ☒ Add
NAME **Dave Haggerty**
STREET ADDRESS **Head/Penn**
CITY-ST-ZIP **306 S. 45th Ave.**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP **Phoenix, AZ85043**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.18.2000 843 686 3036