

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90136 023 \*\*\*150.00

**DOCUMENT # 857397**

1. Entity Name

**TENNIS INDUSTRY ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

**200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408  
 US**

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

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



DO NOT WRITE IN THIS SPACE

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>KAMPERMAN, KURT</b> <b>19 POPE AVE, SUITE 107</b> <b>HILTON HEAD ISLAND SC 29928</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BAUGH, JIM</b> <b>8700 W. BRYN MAWR AVE</b> <b>CHICAGO IL 60631</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DIRECTOR</b> <b>FERMAN, RICK</b> <b>341 MADISON AVENUE STE. 600</b> <b>NEW YORK NY 10017</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DIRECTOR</b> <b>HOLLAND, DAVE</b> <b>ONE SPORTSYSTEM RD.</b> <b>BORDENTOWN NJ 08505</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MR DIRECTOR</b> <b>HAGGERTY, DAVE</b> <b>306 S. 45TH AVE</b> <b>PHOENIX AZ 85043</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>FENTON, BOB</b> <b>12935 SW BAYSHORE DR., SUITE 350</b> <b>TRAVERS CITY, MI 49685</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>LEI, SKIP</b> <b>ONE BOWERMAN DRIVE</b> <b>BEAVERTON, OR 97005</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SCOTT, GENE</b> <b>341 MADISON AVE #600</b> <b>NEW YORK, NY 10017</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if 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  
**KURT KAMPERMAN**

**JAN 05 2001**

Date

**843-686-3036**

Daytime Phone #

CR2E034 (10/00)