

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90094 041 ***150.00

DOCUMENT # 857397

1. Entity Name
TENNIS INDUSTRY ASSOCIATION, INCORPORATED

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1050343**

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

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 _____ (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, 2002 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 **P** ☐ Delete
NAME **KAMPERMAN, KURT**
STREET ADDRESS **19 POPE AVE, SUITE 107**
CITY-ST-ZIP **HILTON HEAD ISLAND SC 29928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAUGH, JIM**
STREET ADDRESS **8700 W. BRYN MAWR AVE**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FENTON, BOB**
STREET ADDRESS **12935 SW BAYSHORE DR STE 350**
CITY-ST-ZIP **TRAVERS CITY MI 49685**

TITLE ☐ Change ☒ Addition
NAME **ALISTAIR THORBURN**
STREET ADDRESS **1 SPORTSYSTEAL AVE**
CITY-ST-ZIP **BROOKTOWN, NJ 08505**

TITLE **D** ☐ Delete
NAME **LEI, SKIP**
STREET ADDRESS **ONE BOWERMAN DR**
CITY-ST-ZIP **BEAVERTON OR 97005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HAGGERTY, DAVE**
STREET ADDRESS **308 S. 45TH AVE**
CITY-ST-ZIP **PHOENIX AZ 85043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCOTT, GENE**
STREET ADDRESS **341 MADISON AVE #600**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-31-02 843686-3036

Date Daytime Phone #

CR2E034 (9/01)