

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

0260778 AV

**DOCUMENT # 857397**

1. Entity Name  
**TENNIS INDUSTRY ASSOCIATION, INCORPORATED**

02-26-2002 90094 041 \*\*\*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**



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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KAMPERMAN, KURT</b>	
STREET ADDRESS	<b>19 POPE AVE, SUITE 107</b>	
CITY-ST-ZIP	<b>HILTON HEAD ISLAND SC 29928</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUGH, JIM</b>	
STREET ADDRESS	<b>8700 W. BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60631</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FENTON, BOB</b>	
STREET ADDRESS	<b>12935 SW BAYSHORE DR STE 350</b>	
CITY-ST-ZIP	<b>TRAVERS CITY MI 49685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEI, SKIP</b>	
STREET ADDRESS	<b>ONE BOWERMAN DR</b>	
CITY-ST-ZIP	<b>BEAVERTON OR 97005</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAGGERTY, DAVE</b>	
STREET ADDRESS	<b>308 S. 45TH AVE</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, GENE</b>	
STREET ADDRESS	<b>341 MADISON AVE #600</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALISTAIR THORBURN</b>	
STREET ADDRESS	<b>1 SPORTSYSTEMA PLAZA</b>	
CITY-ST-ZIP	<b>BOROCENTOWN, NJ 08505</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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)