

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90097 022 \*\*\*150.00

**DOCUMENT # F13883**

1. Entity Name

**TENNIS MANAGEMENT CONCEPTS, INC.**

Principal Place of Business

Mailing Address

3937 SHADY GLEN LANE  
 SARASOTA FL 34241

3937 SHADY GLEN LANE  
 SARASOTA FL 34241-6052

2. Principal Place of Business

*Meadows Racquet Club*

3. Mailing Address

Suite, Apt. #, etc.  
*1256 46th St*

City & State  
*SARASOTA, FLORIDA*

City & State  
*SARASOTA, Florida*

Zip Country  
*34235 USA*

Zip Country  
*34234 USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2069525** 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

**PRETSCHNER, ROBERT M.**  
**1800 SECOND STREET, SUITE 806**  
**SARASOTA FL 34236**

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, 2000 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>PST</b>	<input type="checkbox"/> Delete
NAME	<b>RODGERS, ROBERT A.</b>	
STREET ADDRESS	<b>3937 SHADY GLEN LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODGERS, ROBERT A.</b>	
STREET ADDRESS	<b>3937 SHADY GLEN LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> Delete
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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 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: *Robert A. Rodgers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/00* *941-378-5265*  
 Day Daytime Phone #

CR2E034 (9/99)