

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13883

1. Entity Name

TENNIS MANAGEMENT CONCEPTS, INC.

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

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

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

3. Mailing Address

Meadows Racquet Club

Suite, Apt. #, etc.

3100 Longmeadow

1256 46th St

SARASOTA, FLORIDA

SARASOTA, FLORIDA

Zip 34235 Country USA

Zip 34234 Country 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

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 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 PST  
NAME RODGERS, ROBERT A.  
STREET ADDRESS 3937 SHADY GLEN LANE  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME RODGERS, ROBERT A.  
STREET ADDRESS 3937 SHADY GLEN LANE  
CITY-ST-ZIP SARASOTA FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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:

*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)