## **2002 UNIFORM BUSINESS REPORT (UBR)**

H17387

**DOCUMENT #** 1. Entity Name

CEDARS TENNIS CORPORATION

Principal Place of Business 5100 87TH ST. E. BRADENTON FL 34202 US			Mailing Address 5100 87TH ST. E. BRADENTON FL 34202 US				1   1   1   1   1   1   1   1   1   1	 		B  8    8  8    7881	
2. Principal Place of Business			3. Mailing Address						ili <b>dia</b> li didil		
Suite, Apt	. #, etc.	<del> </del>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4.</b> f	4. FEI Number 59-2443003 Applied For Not Applicable				
Zip	Country		Žip	Zip Count		5. (	5. Certificate of Status Desired 7 \$8.		8.75 Add	75 Additional Required	
	6. Name	and Address of Current F	egistered Agent			7. N	7. Name and Address of New Registered Agent				
HOGAN, PATRICK 5100 87TH ST. E. BRADENTON FL 34202					Name Street Address (P.O. Box Number is Not Acceptable)						
·								FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who  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							•	Y-2 Y		<b>0</b> May Be	
11.			<u> </u>				DITIONIO (OLUMNOSO TO OS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNT, RC 5100 87TI BRADENT		DIRECTORS Delete	12. TITLE NAME STREE	T ADDRESS	ADI	DITIONS/CHANGES TO OF		DIRECTORS Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOGAN, F 5100 87Th	PATRICK M.	☐ Delete	TITLE NAME STREET	T ADDRESS			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			Γ	☐ Change	Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	ADDRESS	•			] 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.

CITY-ST-ZIP

SIGNATURE: