FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: **A**

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # J79156** 1. Entity Name TENNIS ASSOCIATES, INC. 04-30-2001 90007 042 ***150.00 Principal Place of Business Mailing Address C/O J. BORNE 3007 BAYSIDE DR HOENTONE CHI SALOLO P. O. BOX 467 EDWARDS CO 81632 2. Principal Place of Business 12930 YACHT CLUBPLACE 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number Applied For 59-2825861 FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRANCE, ROBERT Street Address (P.O. Box Number is Not Acceptable) MCGUIRE, PRATT, MASIO, FARRANCE 1001 3RD AVE W STE 600 BRADENTON FL 34205 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change ☐ Addition TITLE ANDERSON, HARVEY 12930 YACHT CLUB PLACE ANDERSON, HARVEY NAME NAME 9887 BAYGIDE DIT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 04210 CITY-ST-ZIP CORTEZ FL 34215 Delete ☐ Addition TITLE TITLE BORNE, ROBERT BORNE, ROBERT NAME NAME 50 HOWARD DR - POBOX 467 STREET ADDRESS <u>361 N-AGPEN RIDGE LANE</u> STREET ADDRESS CITY-ST-ZIP FDWARRS CO 01632 CITY-ST-ZIP EDWARDS, CO 81632 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 drustee ampowered 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.