

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90271 039 ****50.00

DOCUMENT # L99000001368

1. Entity Name

WHALEN TENNIS COMPANY FLORIDA, L.L.C.

Principal Place of Business

**1680-1 BEACH AVE.
 ATLANTIC BEACH FL 32233**

Mailing Address

**1680-1 BEACH AVE.
 ATLANTIC BEACH FL 32233**

2. Principal Place of Business

9252 San Jose Blvd.

Suite, Apt. #, etc.

Apt. 2605

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Address

9252 San Jose Blvd.

Suite, Apt. #, etc.

Apt. 2605

City & State

Jacksonville, FL

Zip

32257

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3563162

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHALEN, MICHAEL D
 1680-1 BEACH AVENUE
 ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name

Michael D. Whalen

Street Address (P.O. Box Number is Not Acceptable)

9252 San Jose Blvd.

Apt. 2605

City

Jacksonville

FL

Zip Code
32257

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **WHALEN, MICHAEL D**
 STREET ADDRESS **1680-1 BEACH AVENUE**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9252 San Jose Blvd., Apt. 2605**
 CITY-ST-ZIP **Jacksonville, FL 32257-9203**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **WHALEN, MICHAEL D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02

904 910576

Date Daytime Phone #

CR2E083 (9/01)