## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # N00000007080 03-21-2006 90022 016 \*\*\*\*61.25 ADVÁNTAGE TAMPA BAY TENNIS, INC. Principal Place of Business Mailing Address PO BOX 183 PO BOX 183 **TAMPA, FL 33601 TAMPA, FL 33601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 59-3738859 Not Applicable Country 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 Jackson, Gary HAGGETT, MARK Street Address (P.O. Box Number is Not Acceptable) 5221 BAYSHORE BLVD # 29 TAMPA, FL 33611 Zip Code 33609 Tampa 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent agrizture required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE DT □ Defete TITLE Change : ☐ Addition BROWN LEE, BRUCE NALE MASSE 808 S. BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606** CHY-ST-ZIP IIILE TITLE Delete ☐ Change Addition NAME HAGGETT, MARK NAME JACKSON, GARY 104 S. HIMES AVE. STREET ADDRESS 5221 BAYSHORE BLVD. #29 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TAMPA, FL 33609 Delete TITLE Change Addition TITLE BRENNEHAN, TODO GGIQ THIMBLEBERRY LN MCDERMOTT, PATRICK NAME NALE 8639 N HINES AVE #3330 STREET ADDRESS STREET ADDRESS TAMPA, FL 33635 TAMPA, FL 33614 CITY-ST-7P CTTY-ST-78P THE CCD Delete TITLE ☐ Change Addition PEER, ERIC NAME 701 S HOWARD AVE # 224-116 STREET ADDRESS STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CUTY-ST-7P

Bruce Brownlep 3/14/06

FILED