

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001646

1. Entity Name

YULEE TENNIS FOUNDATION, INC.

FILED

May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90235 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1248 BLACKMON RD.  
YULEE FL 32097

1248 BLACKMON RD.  
YULEE FL 32097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3714617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

TURNER, JUDITH H  
1248 BLACKMON RD.  
YULEE FL 32097

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

*Judith H. Turner*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TURNER, JUDITH H  
STREET ADDRESS 1248 BLACKMON RD.  
CITY-ST-ZIP YULEE FL 32097

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

TITLE VD ☐ Delete  
NAME DRURY, PATSY  
STREET ADDRESS 239 ALGAR RD.  
CITY-ST-ZIP YULEE FL 32097

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

TITLE ☐ Delete  
NAME TURNER, KAREN J  
STREET ADDRESS 1253 BLACKMON RD.  
CITY-ST-ZIP YULEE FL 32097

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

TITLE ☐ Delete  
NAME TREASURER French, ROBIN L  
STREET ADDRESS 1254 Blackmon Rd  
CITY-ST-ZIP Yulee, FL 32097

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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.

SIGNATURE:

*Judith H. Turner* JUDITH H. TURNER 4-30-02 904-225-5848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)