2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005827

Current Principal Place of Business:

400 ANDREWS DR.

HARRISON, SHANE

610 VERBENIA DR.

MELBOURNE, FL 32904

VANDERSCOFF, SANDRA L

SATELLITE BEACH, FL 32937

2951 INDIANA ST.

MELBOURNE BEACH, FL 32951

() Delete

(X) Delete

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: SPACE COAST TENNIS ASSOCIATION, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

New Principal Place of Business:

640 VERBENIA DR 530 THOMAS BARBER DRIVE SATELLITE BEACH, FL 32937 MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 640 VERBENIA DR 530 THOMAS BARBER DRIVE SATELLITE BEACH, FL 32937 MELBOURNE, FL 32935 FEI Number: 59-3738103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: VANDERSCOFF, SANDRA L DICKENS, MIKE 640 VERBENIA DR. 530 THOMAS BARBER DRIVE SATELLITE BEACH, FL 32937 US MELBOURNE, FL 32935 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: MIKE DICKENS 04/25/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DICKENS, MIKE DICKENS, MIKE Name: Name: 1551 HIGHLAND AVE. Address: 530 THOMAS BARBER DRIVE Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: (X) Change () Addition HARRISON, MARK HARRISON, MARK Name: Name: Address: 2951 INDIANA ST. Address: 3885 PINECONE ROAD City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: (X) Change () Addition PULEO, CHERYL Name: SCHIAVONE, LORI Name: 1280 SOUTH ATLANTIC DR. Address: Address: 440 KALE STREET City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: SATELLITE BEACH, FL 32937 Title: () Delete Title: () Change () Addition Name: MAZZONI, RAY Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: MIKE DICKENS PRES 04/25/2002

(X) Change () Addition

() Change () Addition

HARRISON, SHANE

MELBOURNE, FL 32904

7820 SHADOWOOD DRIVE, #314