

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006544

FILED  
Sep 13, 2002  
Secretary of State

Entity Name: TENNIS FOUNDATION OF ST. PETERSBURG, INC.

## Current Principal Place of Business:

650 - 18TH AVE. S.  
ST. PETERSBURG, FL

## New Principal Place of Business:

650 - 18TH AVE. S.  
ST. PETERSBURG, FL 33705 US

## Current Mailing Address:

650 - 18TH AVE. S.  
ST. PETERSBURG, FL

## New Mailing Address:

650 - 18TH AVE. S.  
ST. PETERSBURG, FL 33705 US

FEI Number: 59-3744391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANG, JOSEPH H  
669 FIRST AVE. N.  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SOKOLOVSKY, JAY  
Address: 950 BAY ST. NE  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: PATTERSON, JOHNNA  
Address: 10015 S. YACHT CLUB DR.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: SACKETT, ANN  
Address: 2500 DRIFTWOOD RD. SE  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: ENGEL, DOUG  
Address: 1253 55TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GLAD, DANIELLE  
Address: 1928 2ND AVE S  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Change (X) Addition  
Name: PAYNE, CHARLES  
Address: 422 15TH AVE S  
City-St-Zip: ST. PETERSBURG, FL 33701

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.

SIGNATURE: JOHNNA PATTERSON

D

09/13/2002

Electronic Signature of Signing Officer or Director

Date