

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90396 008 \*\*\*\*61.25

**DOCUMENT # N01000006544**



1. Entity Name  
**TENNIS FOUNDATION OF ST. PETERSBURG, INC.**

Principal Place of Business  
**650 - 18TH AVE. S.  
ST. PETERSBURG FL 33705  
US**

Mailing Address  
**650 - 18TH AVE. S.  
ST. PETERSBURG FL 33705  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3744391**

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

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

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOKOLOVSKY, JAY</b>	
STREET ADDRESS	<b>950 BAY ST. NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	
TITLE	<b>D AND VICE PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, JOHNNA</b>	
STREET ADDRESS	<b>10015 S. YACHT CLUB DR.</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
TITLE	<b>D AND SECR +TREAS.</b>	<input type="checkbox"/> Delete
NAME	<b>SACKETT, ANN</b>	
STREET ADDRESS	<b>2500 DRIFTWOOD RD. SE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENGEL, DOUG</b>	
STREET ADDRESS	<b>1253 55TH AVE. N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLAD, DANIELLE</b>	
STREET ADDRESS	<b>1928 2ND AVE S</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAYNE, CHARLES</b>	
STREET ADDRESS	<b>422 15TH AVE S</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	

TITLE	<b>D AND PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>R. MICHAEL CARROLL</b>	
STREET ADDRESS	<b>5002 QUEEO PALM TERR. NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOB DAVIS</b>	
STREET ADDRESS	<b><del>10015 S. YACHT CLUB DR.</del> 650 18TH AVES.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNETTE BUCHAWAN</b>	
STREET ADDRESS	<b>2575 E. BAY ISLE DR SE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOE SMITH</b>	
STREET ADDRESS	<b>980 64TH AVES.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33705</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R. Michael Carroll*

4/28/03

727.823.2225

CR2E037 (10/02)