

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04853

1. Entity Name

JUSTAMERE TENNIS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

38357 C. R. 54 EAST  
ZEPHYRHILLS FL 33540

38357 C. R. 54 EAST  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3147596

Applied For

Not Applicable

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

BLESSING, BRANT  
38357 C. R. 54 EAST  
ZEPHYRHILLS FL 34248

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WILLEY, DAVID  
STREET ADDRESS 11956 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL

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

TITLE D ☐ Delete  
NAME FRIEDMAN, DAVID  
STREET ADDRESS 11940 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL

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

TITLE D ☐ Delete  
NAME REID, DAN  
STREET ADDRESS 35400 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL

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

TITLE V ☐ Delete  
NAME TINGLEY, MARGE  
STREET ADDRESS 11830 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL

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

TITLE PD ☐ Delete  
NAME BLESSING, L. BRANT  
STREET ADDRESS 38357 C.R. 54 E  
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE D ☐ Delete  
NAME SMITH, TOM  
STREET ADDRESS 11 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL

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:

*MARGE TINGLEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 14, 2002 8:00 am  
Secretary of State

02-14-2002 90008 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)