

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90006 001 ****61.25

DOCUMENT # N14221

1. Entity Name

GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**414 MARY AVE.
PO BOX 1530
NEW SMYRNA BEACH FL 32170****414 MARY AVE.
PO BOX 1530
NEW SMYRNA BEACH FL 32170-1530
US**

00083600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2872978

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

**KENNEDY, DOYLE
414 MARY AVENUE
P.O. BOX 1530
NEW SMYRNA BEACH FL 32170**

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	PD	<input type="checkbox"/> Delete
NAME	DOYLE, KENNEDY	
STREET ADDRESS	2642 SUNSET DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168-5610	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	DORCY, HARRY	
STREET ADDRESS	6311 TURTLEMOUND RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169-4910	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	VANTS, LINDA	
STREET ADDRESS	816 FAIRWAY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168-6117	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	HUMMEL, JAKE	
STREET ADDRESS	810 ISLAND POINT DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	STRUFFER, BRENDA	
STREET ADDRESS	230 FAIRGREEN DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168-6192	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PFISZERER, MARIO	
STREET ADDRESS	3001 S ATLANTIC AVE APT 542	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169-3562	

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:

DOYLE KENNEDY
DOYLE KENNEDY

4-25-00

904-427-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)