

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14221

1. Entity Name

GREATER SMYRNA TENNIS ASSOCIATION, INCORPORATED

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2872978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, KENNEDY 2642 SUNSET DR NEW SMYRNA BEACH FL 32168-5610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORCY, HARRY 6311 TURTLEMOUND RD NEW SMYRNA BEACH FL 32169-4910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANTS, LINDA 816 FAIRWAY DR NEW SMYRNA BEACH FL 32168-6117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUMMEL, JAKE 810 ISLAND POINT DR NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUFFER, BRENDA 230 FAIRGREEN DR NEW SMYRNA BEACH FL 32168-6192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFISZERER, MARIO 3001 S ATLANTIC AVE APT 542 NEW SMYRNA BEACH FL 32169-3562	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vants, Linda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [CORRECT SPELLING]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stauffer, Brenda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [CORRECT SPELLING]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pfisterer, Mario	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [CORRECT SPELLING]

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 as President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOYLE KENNEDY
AS PRESIDENT

4-23-2001

Date

386-427-4045

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90368 040 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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