2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
01-29-2001 90174 036 ****61.25

DOCUMENT # N39102

1. Entity Name

GREATER PENSACOLA TENNIS ASSOCIATION, INC. ✓

Principal Place of Business	Mailing Address
% A.G. CONDON, JR. 30 S SPRING ST PENSACOLA FL 32501	% A.G. CONDON, JR. 30 S SPRING ST PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

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 59-3067204 ☐ 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
CONDON, A.G., JR. 30 S SPRING ST PENSACOLA FL 32501	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SLOAN, RICHARD 1180 ELLISON DR PENSACOLA FL 32503	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARNES, WOODY TD 953 GRAND CANAL ST. GULF BREEZE, FL 32561	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GEORGE, SHARON 4075 POWRIE DR PENSACOLA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BURRIS, JOHN PD 5475 TIMBER CREEK DR. PACE, FL 32571	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLOCUM, KAREN 1100 SHORELINE DR GULF BREEZE FL 32561	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SLOCUM, KAREN D 5640 KEYSTONE DR. PENSACOLA, FL 32504	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WROTEN, DEBBIE 123 MIRABELLE CR PENSACOLA FL 32514	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FROMAN, CINDY D 5177 HAMILTON LANE PENSACOLA, FL 32571	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS WATSON, ROBERT 5490 ROW TRAIL PACE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAYLOR, WANDA SD 1788 E.JORDAN ST. PENSACOLA, FL 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 1-14-01 (850) 452-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #