

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90001 038 \*\*\*\*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

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 **TD** ☒ Delete  
 NAME **BARNES, WOODY**  
 STREET ADDRESS **953 GRAND CANAL ST**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **STEVE NELSON**  
 STREET ADDRESS **5620 KEYSTONE ROAD**  
 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **PD** ☒ Delete  
 NAME **BURRIS, JOHN**  
 STREET ADDRESS **5475 TIMBER CREEK DR**  
 CITY-ST-ZIP **PAGE FL 32571**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **MARY STEELE**  
 STREET ADDRESS **3514 SILVERTREE LANE**  
 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete  
 NAME **SLOCUM, KAREN**  
 STREET ADDRESS **5640 KEYSTONE DR**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **D** ☒ Delete  
 NAME **FROMAN, CINDY**  
 STREET ADDRESS **5177 HAMILTON LN**  
 CITY-ST-ZIP **PENSACOLA FL 32571**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **DAN KELLHER**  
 STREET ADDRESS **1115 CALLE de SANTIAGO**  
 CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **SD** ☒ Delete  
 NAME **TAYLOR, WANDA**  
 STREET ADDRESS **1788 E JORDAN ST**  
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JAKE KENFROE**  
 STREET ADDRESS **4185 BAISDEN RD**  
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **DICKSLOAN**  
 STREET ADDRESS **1180 ELLISON DRIVE**  
 CITY-ST-ZIP **PENSACOLA, FL 32503**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/02**  
 Date

**PAGER**  
**435-3417**  
 Daytime Phone #

CR2E037 (9/01)