

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44591

1. Entity Name

BAY AREA BLACK TENNIS PLAYERS (BABTEP), INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90242 017 \*\*\*\*61.25

Principal Place of Business Mailing Address  
5914 IDLE FOREST PLACE 5914 IDLE FOREST PLACE  
TAMPA FL 33614 TAMPA FL 33614-5767



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 59-3099258 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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
JEAN-PIERRE, EDWARD  
5914 IDLE FOREST PLACE  
TAMPA FL 33614

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            |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DAVIS, ARETHA        |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 5914 IDLE FOREST PL  |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | TAMPA FL             |                                            |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | VD                   | <input type="checkbox"/> Delete            |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PARHAM, ALMA         |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 1043 19TH AVENUE S   |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | ST. PETERSBURG FL    |                                            |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | SD                   | <input type="checkbox"/> Delete            |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NELSON, JERRY        |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 1929 5TH AVE DR E    |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | BRADENTON FL         |                                            |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | ASD                  | <input checked="" type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SPENCER, JO ANN      |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 1105 6TH ST EAST     |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | BRADENTON FL         |                                            |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | TD                   | <input type="checkbox"/> Delete            |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | JEAN-PIERRE, EDWARD  |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 701 E. SELMA AVENUE  |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | TAMPA FL             |                                            |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | D                    | <input type="checkbox"/> Delete            |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ROUNDTREE, NATHANIEL |                                            |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 4615 COLUMBUS WAY S  |                                            |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | ST. PETERSBURG FL    |                                            |  | 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: *AKETHA P. DAVIS* AKETHA P. DAVIS 2/28/00 8138761257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)