

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90231 042 \*\*\*\*61.25

**DOCUMENT # N49977**

1. Entity Name

**TALLAHASSEE TENNIS ASSOCIATION, INC.**



Principal Place of Business

**P.O. BOX 38415  
TALLAHASSEE FL 32315  
US**

Mailing Address

**P.O. BOX 38415  
TALLAHASSEE FL 32315  
US**

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 **59-3139981**

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

**FOX, PEGGY  
3064 IRONWOOD DR  
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONWAY, BROCK JR</b> <b>2626 NOBLE DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MAYEWSKI, ROB</b> <b>4181 KIMBERLY ROAD</b> <b>TALLAHASSEE FL 32302</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MARSH, RUSS</b> <b>1209 LIMESTONE ROAD</b> <b>TALLAHASSEE FL 32302</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRAZIER, LINDA</b> <b>1560 LEE AVE</b> <b>TALLAHASSEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEARTINGTON, CARL</b> <b>512 S RIDE</b> <b>TALLAHASSEE FL 32303</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TARTAGLIA, MIKE</b> <b>5206 RIVIERA DR</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past President, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Title only</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVIS, ANNE</b> <b>4004 Bobbin Brook Cir</b> <b>Tallahassee FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barbara S. Withers</b> <b>3838 Killearn Ct.</b> <b>Tallahassee FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WITTENBERG, NANCY</b> <b>4042 Sawgrass Cir</b> <b>Tallahassee FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Title only</b>

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:

*Barbara S. Withers*  
**Barbara S. Withers**  
Treasurer

**3-21-03 850-893-4080**

CR2E037 (10/02)