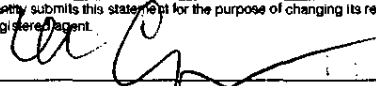
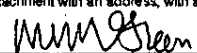


2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00144037

DOCUMENT # N50941			
1. Entity Name FLORIDA TENNIS FOUNDATION, INC.			
Principal Place of Business 1 DUECE COURT STE 100 DAYTONA BEACH, FL 32124 US		Mailing Address 1280 SW 36 AVE STE 305 POMPANO BCH., FL 33069 US	
2. Principal Place of Business 505 SOUTH FLAGLER DR SUITE 1100 WEST PALM BEACH, FL 33401 PALM BEACH		3. Mailing Address 505 SOUTH FLAGLER DR. SUITE 1100 WEST PALM BEACH, FL 33401 PALM BEACH	
4. FEI Number 65-0400848		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent MARGARET L. COOPER, ESQ. 505 SOUTH FLAGLER DR. SUITE 1100 WEST PALM BEACH FL 33401	
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  DATE 5/29/03	
FILE NOW. FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ☐ Delete NAME GREEN, MARIAN STREET ADDRESS 16 DORCHESTER CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418		TITLE ☐ Change ☒ Addition NAME SECRETARY MARGARET L. COOPER, ESQ. STREET ADDRESS 505 SOUTH FLAGLER DR., SUITE 1100 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE ☐ Delete NAME HALL, DAVID STREET ADDRESS 3666 N.W. 13TH PLACE CITY-ST-ZIP GAINESVILLE, FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME NEWFIELD, MARGARET STREET ADDRESS 9666 CARLISLE AVENUE CITY-ST-ZIP SURFSIDE, FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME SHEA, ROLLAND STREET ADDRESS 700 MELROSE AVE., G1 CITY-ST-ZIP WINTER PARK, FL 32789		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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:  GREEN, MARIAN		Date 5-29-03 Daytime Phone # 561-691-0681	