

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001763

1. Entity Name

BAY AREA TENNIS, INC.

Principal Place of Business

Mailing Address

73 S. PALM AVE.  
SUITE 215  
SARASOTA, FL 34236  
US

73 S. PALM AVE.  
SUITE 215  
SARASOTA FL 34236  
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 65-0405408

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

MORRISON, KATE

~~3451 QUEEN STREET~~

3680 Astor Dr.

~~APT. 220~~

SARASOTA FL 34231

Sarasota, FL 34233

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	P / D	<input type="checkbox"/> Delete
NAME	MCMURRAY, DONALD	D
STREET ADDRESS	1303 LANDINGS DR.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	VP / D	<input type="checkbox"/> Delete
NAME	BANGOURA, SEKOU	D
STREET ADDRESS	1008 45TH STREET, E.	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHANLEY, DEBORAH	
STREET ADDRESS	1970 LANDINGS BLVD.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	S / D	<input type="checkbox"/> Delete
NAME	MCMURRAY, MEREDITH	D
STREET ADDRESS	1303 LANDINGS DR.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, JENNIFER	D
STREET ADDRESS	6476 29TH STREET, N.	
CITY - ST - ZIP	BRADENTON FL 34209	
TITLE	P / D	<input type="checkbox"/> Delete
NAME	MORRISON, KATE	D
STREET ADDRESS	<del>3451 QUEEN STREET, #220</del> 3680 Astor Dr.	
CITY - ST - ZIP	SARASOTA FL 34231 34233	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMurray, Meredith
STREET ADDRESS	(correct spelling - Last Name)
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

*Donald R. Murray* 02/18/2002 941-921-5181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2002 8:00 am  
Secretary of State

03-03-2002 90113 035 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)