

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90162 028 ****61.25

DOCUMENT # N94000001237

1. Entity Name

SUNCOAST TENNIS FOUNDATION, INC.



Principal Place of Business

**1075 MARY JANE LANE
DUNEDIN FL 34698
US**

Mailing Address

**P.O. BOX 706
DUNEDIN FL 34697-0706
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 **59-3216936**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WINSHIP, SUSAN E
1075 MARY JANE LN
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	WINSHIP, SUSAN	
STREET ADDRESS	1075 MARY JANE LN	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, MICHAEL	
STREET ADDRESS	12620 102ND AVE. N.	
CITY-ST-ZIP	SEMINOLE FL-33778	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOSTER, JUDY	
STREET ADDRESS	3313 SAN CARLOS ST	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Judy President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster	
STREET ADDRESS	3313 San Carlos St	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacki Simon	
STREET ADDRESS	4454 Clearwater Harbor Dr	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	
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		

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 REQUIRED

Susan E. Winship

Jan 21, 2003

727-733-2750

CR2E037 (10/02)