2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2003
Secretary of State

DOCUMENT# N96000002749

Entity Name: FIRST COAST TENNIS FOUNDATION, INC.

Current Principal Place of Business:

9709 FAWN BROOK CIRCLE N
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9709 FAWN BROOK CIRCLE N
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3398351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JANICE
9709 FAWN BROOK CIRCLE NORTH
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOTTFRIED, BRIAN
Address: 200 ATP TOUR BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete
Name: LAGUE, RONALD
Address: 1810 SELVA MARINA DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD ( ) Delete
Name: COX, DANNY
Address: 3901 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: ANDERSON, CAROL
Address: 1844 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: ED ( ) Delete
Name: SMITH, JANICE D
Address: 9709 FAWN BROOK CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PERRON, ROBERT
Address: 3168 CARREVERO DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE D. SMITH ED 01/19/2003

Electronic Signature of Signing Officer or Director — Date