

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005895

1. Entity Name

GREATER PENSACOLA LADIES TENNIS LEAGUE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90023 025 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4601 PIEDMONT ROAD
 PENSACOLA FL 32503

POST OFFICE BOX 30435
 PENSACOLA FL 32503-1435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3441766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALINK-WHITE, LINDA
 4601 PIEDMONT ROAD
 PENSACOLA FL 32503

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.

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 PD ☐ Delete
 NAME SENECHAL, DIANA
 STREET ADDRESS 2640 EDGEWATER DR
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME KURDELMEIER, BARBARA
 STREET ADDRESS 1390 ST PICKESN RD #126
 CITY-ST-ZIP PENSACOLA FL 32561

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME PIROTTE, ANNE
 STREET ADDRESS 14799 PERDIDO KEY #2
 CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME WILLIAMS, LINDA L
 STREET ADDRESS 6102 TIPPIN AVE
 CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME Treasurer
 STREET ADDRESS Julie Roark
 CITY-ST-ZIP 31270 River Rd.
 Orange Beach AL 36561

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:

Julie Roark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

334-980-5346

Date

Daytime Phone #

CR2E037 (10/00)