

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90004 032 \*\*\*\*61.25

**DOCUMENT # N96000005895**

1. Entity Name

**GREATER PENSACOLA LADIES TENNIS LEAGUE, INC.** ✓

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

Zip

Country

Zip

Country

POST OFFICE BOX 30295

PENSACOLA, FL

32503



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3441766

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

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 T ☐ Delete  
 NAME ROARK, JULIE  
 STREET ADDRESS 31270 RIVER ROAD  
 CITY-ST-ZIP 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:**

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/02 251-980-5346  
 Date Daytime Phone #

CR2E037 (9/01)