2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State DOCUMENT # N9700000400 1. Entity Name Tennis Patrons of Greater Daytona Beach, Inc. 01-26-2000 90204 036 ****61.25 Principal Place of Business Mailing Address 108 EAST ORANGE AVENUE 108 EAST ORANGE AVENUE DAYTONA BEACH FL 32114-4406 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3434049 Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114 City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE NAME NAME KELLY, THOMAS C JR. STREET ADDRESS STREET ADDRESS 108 EAST ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ☐ Addition □ Delete TITLE TITLE NAME SMITH, JOAN NAME STREET ADDRESS STREET ADDRESS 108 EAST ORANGE AVENUE DITY_57-7)P CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME VALENTINE, PADDI STREET ADDRESS STREET ADDRESS 108 EAST ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME KELLY, THOMAS A STREET ADDRESS STREET ADDRESS 108 EAST ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Delete TREASurer - Director 🔼 Changè TITLE NAME SSPON, Johnny VAN SESSION, VAN J MARKE STREET ADDRESS STREET ADDRESS 108 E ORÂNGE AVE DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CONNORS, MICHELLE NAME NAME STREET ADDRESS STREET ADDRESS 108 EAST ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114

FILED

12. Thereby certify that the information supplied with this filling 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: MISTATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR VAN Session 1/18/00 904-405-5963