

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90164 049 \*\*\*\*61.25

**DOCUMENT # N98000006500**

1. Entity Name

**BHOWARD TENNIS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8140 CLEARY BLVD

8140 CLEARY BLVD

1416

1416

FORT LAUDERDALE FL 33324

FORT LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

701 NE 12<sup>th</sup> AVE

701 NE 12<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD. FL

City & State

FT. LAUD. FL

Zip

Country

33304

USA

Zip

Country

33304

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLANTZ, RONALD P ESQ

7951 SW 6TH STREET, SUITE 200

PLANTATION FL 33324

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	D	COFFMAN, LOWELL M	<input type="checkbox"/> Delete
NAME		2210 SW 97TH LANE	
STREET ADDRESS		FORT LAUDERDALE FL 33324	
CITY-ST-ZIP			
TITLE	D	FISHMAN, JOSEPH	<input type="checkbox"/> Delete
NAME		2261 NOVA VILLAGE DRIVE	
STREET ADDRESS		DAVIE-FL-33317	
CITY-ST-ZIP			
TITLE	D	HEISSENBERG, JOAN	<input type="checkbox"/> Delete
NAME		1812 SW 43RD AVE	
STREET ADDRESS		FT. LAUDERDALE FL 33317	
CITY-ST-ZIP			
TITLE	D	GLANTZ, RONALD P	<input type="checkbox"/> Delete
NAME		7951 SW 6TH ST., STE. 200	
STREET ADDRESS		PLANTATION FL 33324	
CITY-ST-ZIP			
TITLE	D	HOAG, WILL	<input type="checkbox"/> Delete
NAME		3801 BAYVIEW DR	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE	D	HOROWITZ, NANCY	<input type="checkbox"/> Delete
NAME		11001 NW 18TH PLACE	
STREET ADDRESS		PEMBROKE PINES FL 33026	
CITY-ST-ZIP			

TITLE	P	KNIGHT, WHITNEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		701 NE 12 <sup>th</sup> AVE	
STREET ADDRESS		FT. LAUD. FL 33304	
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			
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*

Date

8/28/02 954 828 5379

Daytime Phone #

CR2E037 (9/01)