

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90141 002 \*\*\*\*61.25

**DOCUMENT # N99000003091**

1. Entity Name

**GREATER VOLUSIA NETWORK TENNIS ASSOCIATION, INC.**



Principal Place of Business

**1501 RIDGEWOOD AVE. SUITE 210  
HOLLY HILL FL 32117**

Mailing Address

**1501 RIDGEWOOD AVE. SUITE 210  
HOLLY HILL FL 32117**

2. Principal Place of Business

**1 RIVER RIDGE TR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORMOND BEACH**

City & State

**ORMOND BEACH**

Zip

**FL**

Country

**VOLUSIA**

Zip

**32174**

Country

**USA**

4. FEI Number **59-3604048**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WATERS, HUGH  
1 RIVER RIDGE TRAIL  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P.** ☐ Delete  
NAME **DAVIDSON, OWEN**  
STREET ADDRESS **202 QUAY ASSISI**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **V.** ☒ Delete  
NAME **LOY, JIM**  
STREET ADDRESS **110 GOSHAWK DR PELICAN BAY**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D.** ☐ Delete  
NAME **VALENTINE, PADDI**  
STREET ADDRESS **1 RIVER ROAD RIDGE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S.** ☐ Delete  
NAME **JOHNSTON, JONI**  
STREET ADDRESS **285 QUIET TRAIL**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **D.** ☐ Delete  
NAME **WILKES, JEAN**  
STREET ADDRESS **1501 RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **T.** ☐ Delete  
NAME **WATERS, HUGH**  
STREET ADDRESS **1 RIVER RIDGE TR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **KEN OUELLETTE**  
STREET ADDRESS **16 FERNERY TRAIL**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

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

TITLE ☐ Change ☐ Addition  
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:

**HUGH WATERS, HUGH WATERS TREASURER**

**1/24/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)