

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29113

1. Entity Name

TENNIS INDUSTRY ASSOCIATION EDUCATION DIVISION,
INCORPORATED

Principal Place of Business

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

Mailing Address

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2995272

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

RIDDLE, JOHN
200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

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

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
NAME BAUGH, JIM
STREET ADDRESS 8700 W. BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ Change ☐ Addition
NAME Alistair Thorburn
STREET ADDRESS One Sportsystem Plaza
CITY-ST-ZIP BORDENTOWN NJ 08505

TITLE ☒ Delete
NAME FENTON, BOB
STREET ADDRESS 12935 SW BAYSHORE DR STE 350
CITY-ST-ZIP TRAVER CITY MI 49685

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

TITLE ☐ Delete
NAME KAMPERMAN, KURT
STREET ADDRESS 19 POPE AVE STE 107
CITY-ST-ZIP HILTON HEAD ISLAND SC 29928

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

TITLE ☐ Delete
NAME HAGGERTY, DAVE
STREET ADDRESS 306 S 45TH AVE.
CITY-ST-ZIP PHOENIX AZ 85043

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

TITLE ☒ Delete
NAME LEI, SKIP
STREET ADDRESS ONE BOWERMAN DRIVE
CITY-ST-ZIP BEAVERTON OR 97005

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

TITLE ☐ Delete
NAME SCOTT, GENE
STREET ADDRESS 341 MADSON AVE. # 600
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ Change ☐ Addition
NAME Director
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Kamperman

Date

7-8-02

Daytime Phone #

813 626-3036

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-23-2002 90330 013 ****61.25

40265



DO NOT WRITE IN THIS SPACE

CR20037 (4/02)