

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011034

1. Entity Name

TENNIS ALLEY, INC.

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90007 033 ***550.00

Principal Place of Business

Mailing Address

2245 BEE RIDGE ROAD
SARASOTA FL 34239

2245 BEE RIDGE ROAD
SARASOTA FL 34239-6202

2. Principal Place of Business

4223 BEE RIDGE ROAD

3. Mailing Address

4223 BEE RIDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

65-0889324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WENTZ, SHARI
2245 BEE RIDGE ROAD
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

SHARI WENTZ

Street Address (P.O. Box Number is Not Acceptable)

4223 Bee Ridge Rd

City

Sarasota

FL

Zip Code

34233

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

Shari K. Wentz

SHARI K. WENTZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME President, Registered Agent
STREET ADDRESS Shari K. Wentz
CITY-ST-ZIP 4223 Bee Ridge Rd
Sarasota, FL 34233

TITLE ☐ Delete
NAME Vice-President
STREET ADDRESS Lisa Marlo
CITY-ST-ZIP 5641 Monte Rosso Rd
Sarasota, FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shari K. Wentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/00 941/342-6557

CR2E034 (9/99)