

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002425

1. Entity Name

ISRAEL TENNIS CENTERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90056 021 ****70.00

Principal Place of Business

2151 WEST HILLSBORO BLVD., STE. 100
DEERFIELD BEACH FL 33442

Mailing Address

2151 WEST HILLSBORO BLVD., STE. 100
DEERFIELD BEACH FL 33442-1107

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2961273

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDFOGEL, MARLENE
705 NW 165TH AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name Debbie McGraw
Street Address (P.O. Box Number is Not Acceptable)
1440 Augusta Circle
City Delray Beach FL Zip Code 33445

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 Debbie McGraw (Debbie McGraw) Director of Finance Administration

Signature, typed or printed name of registered agent and fee 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BACHMANN, BRUCE	
STREET ADDRESS	740 N. RUSH ST. #612	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEILER, BENJAMIN	
STREET ADDRESS	1825 N. LINCOLN PLAZA, HEMINGWAY HOUSE 809	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	V	<input type="checkbox"/> Delete
NAME	WERNER, ROBERT	
STREET ADDRESS	3000 ISLAND BLVD., #3001	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENDER, RICHARD	
STREET ADDRESS	312 E. RUSTIC RD.	
CITY-ST-ZIP	SANTA MONICA CA 90402	
TITLE	T	<input type="checkbox"/> Delete
NAME	SELATI, SYDNEY	
STREET ADDRESS	15041 BAKE PKWY., #A	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, ALAN	
STREET ADDRESS	10 E. 39TH ST., #1003	
CITY-ST-ZIP	NEW YORK NY 10016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Debbie McGraw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)