

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2001 08:00 AM****Secretary of State****DOCUMENT # F98000002425**

1. Entity Name

ISRAEL TENNIS CENTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2151 WEST HILLSBORO BLVD., STE. 100	2151 WEST HILLSBORO BLVD., STE. 100
DEERFIELD BEACH FL 33442	DEERFIELD BEACH FL 33442

2. Principal Place of Business	3. Mailing Address
2151 WEST HILLSBORO BLVD	2151 WEST HILLSBORO BLVD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
100	100

City & State	City & State
DEERFIELD BEACH FL	DEERFIELD BEACH FL

Zip	Country	Zip	Country
33442		33442	

4. FEI Number	Applied For
13-2961273	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRORY DEBBIE 1440 AUGUSTA CIR DELRAY BEACH FL 33445	Name MCGRORY DEBBIE Street Address (P.O. Box Number is Not Acceptable) 4132 CEDAR CREEK ROAD City BOCA RATON 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	05/16/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROBERT WERNER	T	05/16/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)