

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005402

1. Entity Name

JIMMY EVERT TENNIS CENTER ADVISORY BOARD, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90084 011 ****61.25

Principal Place of Business

701 N.E. 12TH AVENUE
FORT LAUDERDALE FL 33304

Mailing Address

701 N.E. 12TH AVENUE
FORT LAUDERDALE FL 33304

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

65-0951325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHNANI, LAKHI L
701 N.E. 12TH AVENUE
FORT LAUDERDALE FL 33304

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME EVERT, JIMMY
STREET ADDRESS 2401 SUNRISE KEY BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

TITLE D ☐ Delete
NAME MOHNANI, LAKHI
STREET ADDRESS 40 ISLA BAHIA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE D ☐ Delete
NAME ARNOLD, DANIEL S JR.
STREET ADDRESS 2916 CENTER AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE D ☐ Delete
NAME T. WHITNEY KRAFT
STREET ADDRESS 3351 N.E. 19TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3707 NE 17TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33234

TITLE D ☐ Delete
NAME MILLETTE, JODI
STREET ADDRESS 5891 N.E. 21ST ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE D ☐ Delete
NAME HALL, JAMES
STREET ADDRESS 1624 E. LAKE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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:

SIGNATURE REQUIRED

LAKHI MOHNANI

4/23/01

(954) 462-8370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)