

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833522

1. Entity Name

ORLANDO TENNIS WORLD DEVELOPMENT CO., INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90989 022 ***150.00

Principal Place of Business

1403 HWY. 27 SOUTH
CLERMONT FL 34711

Mailing Address

P O BOX 221
BROOKLYN NY 11208-0221

2. Principal Place of Business

545 N. PARK AVE

3. Mailing Address

Suite, Apt. #, etc.

C/O PRABHU & LEVIN

City & State

WINTER PARK, FLORIDA

Zip

32789

Country

U.S.A.

Country

4. FEI Number 59-1564817

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

DIETRICH, PAUL
STUMP, STOREY, & CALLAHAN
37 N. ORANGE AVE
ORLANDO FL 32801

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS FERNANDEZ, B R
CITY-ST-ZIP 2689 PITKIN AVE
BROOKLYN NY 11208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 supplementally 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. R. FERNANDEZ PRES. 1/10/2001 718235-0714

Date

Daytime Phone #

CR2E034 (10/00)