

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # A99000000035**1. Entity Name
ARMANDO PRO TENNIS, LTD.

Principal Place of Business 1325 MORVENWOOD ROAD JACKSONVILLE FL 32207	Mailing Address 1325 MORVENWOOD ROAD JACKSONVILLE FL 32207
--	--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0838464Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CURTIS C. WILLIAM III**
1930 SAN MARCO BLVD., SUITE 202
JACKSONVILLE FL 32207 US**7. Name and Address of New Registered Agent**Name
CURTIS C. WILLIAM III
Street Address (P.O. Box Number is Not Acceptable)
2004 UNIVERSITY BLVD. WEST
City
JACKSONVILLE FL 32217

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 **C. WILLIAM CURTIS, III****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **50,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **50,000.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ASCENDANT SPORTS EMPRISES, INC.	1325 MORVENWOOD ROAD	JACKSONVILLE FL 32207

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ARMAND HUGO JR.	3505 59TH AVE. W.	BRADENTON FL 34210

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ARMANDO HUGO SM	3505 59TH AVE. W.	BRADENTON FL 34210

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLYSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Hugo S. Armando, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP 04/27/2001

Date

Daytime Phone #

CR2E003 (11/00)