

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90260 017 \*\*\*550.00

0084756 AV

**DOCUMENT # F99000005905**

1. Entity Name

**INTERNATIONAL TENNIS-U.S.A., INC.**

Principal Place of Business

**1428 NORTH VALRICO ROAD  
 VALRICO FL 33594**

Mailing Address

**1428 NORTH VALRICO ROAD  
 VALRICO FL 33594**

2. Principal Place of Business

**Valrico Florida**

3. Mailing Address

**1428 N. Valrico Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Valrico, Florida**

City & State

**Valrico, Florida**

4. FEI Number

**86-0655253**

Applied For

Not Applicable

Zip

**33594**

Country

**USA**

Zip

**33594**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ALTSCHULER, ADAM**

**1428 NORTH VALRICO ROAD  
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

**Wilfredo Navarro**

Street Address (P.O. Box Number is Not Acceptable)

**1428 N. Valrico Rd.**

City

**Valrico**

**FL**

Zip Code

**33594**

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

**Wilfredo Navarro**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**07-13-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **CP** ☐ Delete  
 NAME **FONT DE MORA, RAFAEL**  
 STREET ADDRESS **1428 N. VALRICO ROAD**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **DV** ☒ Delete  
 NAME **ALTSCHULER, ADAM**  
 STREET ADDRESS **1428 N. VALRICO ROAD**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **DS** ☐ Delete  
 NAME **SCHAUGHNESSY, MEGAN**  
 STREET ADDRESS **13225 NORTH EAGLERIDGE DR**  
 CITY-ST-ZIP **FOUNTAIN HILLS AZ 85268**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **WILFREDO NAVARRO** ☒ Change ☐ Addition  
 NAME **WILFREDO NAVARRO**  
 STREET ADDRESS **1428 N. VALRICO RD**  
 CITY-ST-ZIP **VALRICO, FL 33594**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 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:

**Rafael Font de Mora**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**  
**7/12/01**  
 Date

Daytime Phone #

CR2E034 (5/01)