

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H72244** (7)
1. Corporation Name
BOLLETTIERI TENNIS AND SPORTS ACADEMY, INC.



Principal Place of Business
**5500 34TH STREET WEST
BRADENTON FL 34210**

Mailing Address
**ONE ERIEVIEW PLAZA
SUITE 1300
CLEVELAND OH 44114
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/21/1985

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2580687

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOLLETTIERI, NICHOLAS J.	
STREET ADDRESS	5500 34TH STREET	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LAFAVE, ARTHUR J., JR.	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, WM. H. (ASST)	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	YODER, RAY	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	C	<input type="checkbox"/> DELETE
NAME	KAIN, ROBERT	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEEKMA, THEODORE	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY - ST - ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VDS
3.3 STREET ADDRESS	CARPAGNA, PETER A. (ASST)
3.4 CITY - ST - ZIP	ONE ERIEVIEW PLAZA
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLEVELAND OH 44114
4.3 STREET ADDRESS	VT
4.4 CITY - ST - ZIP	OSBORNE, DAVID A., JR.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ONE ERIEVIEW PLAZA
5.3 STREET ADDRESS	CLEVELAND, OH 44114
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. OSBORNE JR. TREASURER

4/18/96

(216) 582-1200

CR2E034 (12/95)