

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90052 033 \*\*\*150.00

DOCUMENT # H72244

1. Corporation Name  
BOLLETTIERI, INC.

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

Mailing Address  
IMG CENTER 1360 E. 9TH ST  
SUITE 100  
CLEVELAND OH 44114-1732  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1985

4. FEI Number

59-2580687

Applied For  
Not Applicable

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 owes the current year intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
BOLLETTIERI, NICHOLAS J.  
STREET ADDRESS  
5500 34TH STREET  
CITY-ST-ZIP  
BRADENTON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VSD  
LAFAYE, ARTHUR J., JR.  
STREET ADDRESS  
1 ERIEVIEW PLAZA  
CITY-ST-ZIP  
CLEVELAND OH 44114

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VDS  
CARFAGNA, PETER A  
STREET ADDRESS  
ONE ERIEVIEW PLAZA  
CITY-ST-ZIP  
CLEVELAND OH 44114

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VT  
OSBORNE, DAVID A JR  
STREET ADDRESS  
1 ERIEVIEW PLAZA #1300  
CITY-ST-ZIP  
CLEVELAND OH

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
C  
KAIN, ROBERT  
STREET ADDRESS  
1 ERIEVIEW PLAZA  
CITY-ST-ZIP  
CLEVELAND OH

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V  
MEEKMA, THEODORE  
STREET ADDRESS  
1 ERIEVIEW PLAZA  
CITY-ST-ZIP  
CLEVELAND OH

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. OSBORNE, JR.  
TREASURER

4/22/99

Date

216-522-1200

Daytime Phone #

CR2E034 (1/98)