

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90121 042 \*\*\*150.00

**DOCUMENT # H72244**

1. Entity 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 44114-1782  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2580687**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **VSD** ☐ Delete  
NAME **LAFAYE, ARTHUR J., JR.**  
STREET ADDRESS **1MG CNTR 1360 E. 9 ST STE 100**  
CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE **VSD** ☐ Delete  
NAME **CARFAGNA, PETER A**  
STREET ADDRESS **1MG CNTR 1360 E. 9 ST STE 100**  
CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE **VT** ☐ Delete  
NAME **OSBORNE, DAVID A JR**  
STREET ADDRESS **1MG CNTR 1360 E. 9 ST STE 100**  
CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE **C** ☐ Delete  
NAME **KAIN, ROBERT**  
STREET ADDRESS **1MG CNTR 1360 E. 9 ST STE 100**  
CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE **V** ☐ Delete  
NAME **MEEKMA, THEODORE**  
STREET ADDRESS **1MG CNTR 1360 E. 9 ST STE 100**  
CITY-ST-ZIP **CLEVELAND OH 44114**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**DAVID A. OSBORNE JR** 4-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

CR2E034 (10/02)



Attachment  
H72244  
80109059

April 24, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Re: Bollettieri Inc.  
FEIN: 59-2580687

Enclosed please find the 2003 Uniform Business Report for the above-referenced taxpayer, along with a check in the amount of \$150.00 in payment of the annual filing fee for the above referenced taxpayer.

Please acknowledge receipt of the enclosed by stamping the copy of this letter and returning it to us in the envelope provided.

Very truly yours,

Lorraine A. Summers

LAS/jb020  
Enclosure

ENCLOSURE

ENCLOSURE

IMG CENTER

SUITE 100 | 1360 EAST NINTH STREET  
CLEVELAND, OH

44114-1782

216 522-1200 FAX: 216 522-1145