

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90081 020 ***150.00

DOCUMENT # H83784

1. Entity Name

U. S. TENNIS AND FITNESS COMPANY, INC.

Principal Place of Business

3963 EXCHANGE AVE
 STE B
 NAPLES FL 34104
 US

Mailing Address

3963 EXCHANGE AVE
 STE B
 NAPLES FL 34104-3737
 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

59-2599821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUNG, ROBERT W
3963-B EXCHANGE AVE.
NAPLES FL 33942

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	VP	<input type="checkbox"/> Delete
NAME	YOUNG, MARK A	
STREET ADDRESS	169 STANHOPE CIRCEL	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STANHOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STAN HOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	Robert W. Young	
STREET ADDRESS	169 Stanhope Circle	
CITY-ST-ZIP	Naples, Fl. 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Robert W. Young	
STREET ADDRESS	169 Stanhope Circle	
CITY-ST-ZIP	Naples, Fl. 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert W. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

(941)643-7300

Daytime Phone #

CR2E034 (9/99)