

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83917

1. Entity Name

DON'S TENNIS SHOP, INC.



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90024 035 ***550.00

Principal Place of Business

DBA RIFF'S RACQUET SHOP
 2840 E. OAKLAND PARK BLVD
 FT. LAUDERDALE FL 33306

Mailing Address

DBA RIFF'S RACQUET SHOP
 2840 E. OAKLAND PARK BLVD
 FT. LAUDERDALE FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0003462

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORNTRUMPF, DONALD A
 2840 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33306

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME KORNTRUMPF, DONALD A.
 STREET ADDRESS 1860 NE 53RD ST
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 3 Chippewa Lane
 STREET ADDRESS Fort Laud, FL 33308
 CITY-ST-ZIP

TITLE VD
 NAME KORNTRUMPF, ANNA L
 STREET ADDRESS 1860 NE 53RD ST
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 3 Chippewa Lane
 STREET ADDRESS Fort Laud, FL 33308
 CITY-ST-ZIP

TITLE SD
 NAME KORNTRUMPF, VICKI A.
 STREET ADDRESS 1860 NE 53 ST.
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 6387-4 Bay Club Drive
 STREET ADDRESS Fort Laud, FL 33308
 CITY-ST-ZIP

TITLE TD
 NAME KORNTRUMPF, TONY
 STREET ADDRESS 1860 NE 54 ST.
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 100 Scenic Hwy #20
 STREET ADDRESS Lookout Mountain, TN 37350
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/00

954-564-6254

CR2E034 (5/00)