

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J83917**

1. Entity Name

**DON'S TENNIS SHOP, INC.****FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90083 004 \*\*\*150.00

0245189

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

138947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0003462**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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)

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, 2001 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 PD  
NAME KORNRUMPF, DONALD A.  
STREET ADDRESS 3 CHIPPEWA LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ DeleteTITLE VD  
NAME KORNRUMPF, ANNA L.  
STREET ADDRESS 3 CHIPPEWA LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ DeleteTITLE SD  
NAME KORNRUMPF, VICKI A.  
STREET ADDRESS 6387-4 BAY CLUB DR  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ DeleteTITLE TD  
NAME KORNRUMPF, TONY  
STREET ADDRESS 100 SCENIC HWY #20  
CITY-ST-ZIP LOOKOUT MOUNTAIN TN 37350 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

CR2E034 (10/00)