

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J95484

1. City Name

SOUTH OLIVE TENNIS CENTER, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90188 032 ***150.00

Principal Place of Business

Mailing Address

901 LAKE AVENUE
WEST PALM BEACH, FL 33401

901 LAKE AVENUE
WEST PALM BEACH, FL 33401

2. Principal Place of Business

901 LAKE AVENUE
Suite, Apt. #, etc.

3. Mailing Address

901 LAKE AVENUE
Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL

Zip

Country

33401 PALM BCH

City & State

WEST PALM BCH, FL

Zip

Country

33401 PALM BCH

6. Name and Address of Current Registered Agent

MIKE BOONE
1681 WALDEN LAKE
WEST PALM BEACH, FL 33406

4. FEI Number

59-2845684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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:

Michael L. Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

561-833-7100

Daytime Phone #

CR2E034 (9/99)