

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12779

1. Entity Name

INTERNATIONAL TENNIS PROMOTIONS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90093 021 \*\*\*150.00

Principal Place of Business

701 ST ANDREWS ROAD  
HOLLYWOOD FL 33021  
US

Mailing Address

HC1 BOX 23  
DURHAM NY 12422-9707

2. Principal Place of Business

3. Mailing Address

5282 ROUTE 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE  
DURHAM, NY

4. FEI Number

65-0025375

Applied For

Not Applicable

Zip

Country

Zip

Country

12422-9707 USA

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

MARMISH, PAUL M  
2666 TIGERTAIL AVENUE  
SUITE 102  
COCONUT GROVE FL 33133

Name

EDWARD HERR

Street Address (P.O. Box Number is Not Acceptable)

701 ST. ANDREWS RD.

City

HOLLYWOOD

FL

Zip Code

33021

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

*Edward Herr*

(NOTE: Registered Agent signature required when reinstating)

DATE

April 3, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
FELDMAN, KAREN  
HC1 BOX 23 (RTE 20)  
DURHAM NY 12422 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5282 Route 20 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
HERR, EDWARD  
701 ST. ANDREWS ROAD  
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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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:

*Karen Feldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

518.239.6279

Date

Daytime Phone #

CR2E034 (9/99)