

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name
 GARY KESL TENNIS ACADEMY, LLC

L-16311

FILED
 01 APR 27 AM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1801 N. MILITARY TRAIL 1801 N. MILITARY TRAIL
 SUITE 200 SUITE 200
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

2. Principal Place of Business 3. Mailing Address
 1801 N. MILITARY TRAIL 1801 N. MILITARY TRAIL
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 200 SUITE 200
 City & State City & State
 BOCA RATON, FL BOCA RATON, FL
 Zip Country Zip Country
 33431 USA 33431 USA

4. FEI Number Applied For
 65-1063382 Not Applicable
 5. Certificate of Status Desired, \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HRAWG CORP.
 2000 GLADES ROAD
 SUITE 400
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 HRAWG CORP.
 Street Address (P.O. Box Number is Not Acceptable)
 1801 N. MILITARY TRAIL
 SUITE 200
 City BOCA RATON, FL Zip Code 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MEMBER <input type="checkbox"/> Delete
NAME	GARY KESL
STREET ADDRESS	17 DEER CREEK ROAD #B104
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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 type="checkbox"/> Addition
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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	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary KESL Gary KESL 4/16/01 (954) 421-7890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)