

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90067 047 \*\*\*\*50.00

**DOCUMENT # L00000016311**

1. Entity Name  
**GARY KESL TENNIS ACADEMY, LLC**

Principal Place of Business <b>1801 N MILITARY TRAIL          STE 200          BOCA RATON FL 33431</b>	Mailing Address <b>1801 N MILITARY TRAIL          STE 200          BOCA RATON FL 33431</b>
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2. Principal Place of Business <b>2950 Deer Creek CC Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>2950 Deer Creek CC Blvd</b> Suite, Apt. #, etc.
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City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>
Zip <b>33442</b>	Zip <b>33442</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1063382</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HRAWG CORP.  
 1801 N. MILITARY TRAIL STE 200  
 BOCA RATON FL 33431**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KESL, GARY 2950 Deer Creek Country Club Blvd Deerfield Beach, FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **SIGNATURE REQUIRED** **GARY KESL** **1/22/02** **(954) 421-7890**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR12E083 (9/01)