

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90125 008 ****55.00

DOCUMENT # L02000022899

1. Entity Name

ADAMS INTERNATIONAL TENNIS ACADEMY, LLC



Principal Place of Business

**16779 GOLF VIEW DR.
WESTON FL 33326**

Mailing Address

**16779 GOLF VIEW DR.
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

141845078

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, VICTOR
16779 GOLF VIEW DR.
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

WRIGHT, VICTOR

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

82 GABLES BLVD

City

WESTON

FL

Zip Code

33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ADAMS, WILLIAMS**
STREET ADDRESS **16779 GOLF VIEW DR.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGRM** ☐ Delete
NAME **ADAMS, CAROL**
STREET ADDRESS **16779 GOLF VIEW DR.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGRM** ☐ Delete
NAME **WRIGHT, VICTOR**
STREET ADDRESS **16779 GOLF VIEW DR.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **WRIGHT, VICTOR**
STREET ADDRESS **82 GABLES BLVD**
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

4/15/03 954 389 8666

CR2E083 (10/02)