

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M97000000655**

1. Entity Name
EVERT TENNIS ACADEMY LIMITED LIABILITY COMPANY

Principal Place of Business 10334 DIEGO DR. SOUTH BOCA RATON FL 33428-1327	Mailing Address IMG CENTER 1360 E. 9TH STREET, SUITE 100 CLEVELAND OH 44114-1730
--	---

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MNM DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1567034** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

500003246815--4
-05/10/00--01079--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM INTERNATIONAL MERCHANDISING CORPORATION IMG CENTER 1360 E 9TH ST SUITE 100 CLEVELAND OH	<input type="checkbox"/>		<input type="checkbox"/>
MGRM EVERT-MILL, CHRIS IMG CENTER 1360 E 9TH ST SUITE 100 CLEVELAND OH	<input type="checkbox"/>		<input type="checkbox"/>
MGRM EVERT, JOHN IMG CENTER 1360 E 9TH ST SUITE 100 CLEVELAND OH	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 Required* **DAVID A. OSBORNE, JR.** 3/14/00 216-522-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)