

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 027 ****61.25

DOCUMENT # N02000005783

1. Entity Name

SOUTH FLORIDA TENNIS FOUNDATION, INC.



Principal Place of Business

**18900 NE 25TH AVE
NORTH MIAMI BEACH FL 33180**

Mailing Address

**18900 NE 25TH AVE
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

061685323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EHRlich, SCOTT
18900 NE 25TH AVE
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

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

SIGNATURE

Alfred Mora

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP MORA, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS	16851 WEST DIXIE HWY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE NAME	DV EHRlich, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	18900 NE 25TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE NAME	DV DUBIN, ROSS	<input type="checkbox"/> Delete
STREET ADDRESS	1795 SAN SOUCI BLVD	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE NAME	DS TOLLEFFEN, DONNA C	<input type="checkbox"/> Delete
STREET ADDRESS	18900 NE 25TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE NAME	DT GRUDA, LES	<input type="checkbox"/> Delete
STREET ADDRESS	21101 NE 22 COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE NAME	D DOMINGUEZ, DIEGO	<input type="checkbox"/> Delete
STREET ADDRESS	2412 NE 10TH	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 57, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE REQUIRED

7/9/03 305-932-4200

CR2E037 (4/03)