

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-21-2003 90365 039 *****70.00

DOCUMENT # **N02000006905**



1. Entity Name
MULTICULTURAL YOUTH TENNIS DEVELOPMENT FOUNDATION, INC.

Principal Place of Business
**16779 GOLFVIEW DRIVE
WESTON FL 16779**

Mailing Address
**16779 GOLFVIEW DRIVE
WESTON FL 16779**

55047879

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

14-1845084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, VICTOR L
16779 GOLFVIEW DRIVE
WESTON FL 16779**

Name **WRIGHT, VICTOR L**
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

FILE NOW: FEE IS \$61.25

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	PD	ADAMS, WILLIAM	Delete
NAME			
STREET ADDRESS		16779 GOLFVIEW DRIVE	
CITY-ST-ZIP		WESTON FL 16779	
TITLE	VD	WRIGHT, VICTOR L	Delete
NAME			
STREET ADDRESS		16779 GOLFVIEW DRIVE	
CITY-ST-ZIP		WESTON FL 16779	
TITLE	SD	BAKER-WRIGHT, EILEEN	Delete
NAME			
STREET ADDRESS		1147 CORTO ST.	
CITY-ST-ZIP		SIMI VALLEY CA 93065	
TITLE	TD	ADAMS, CAROL	Delete
NAME			
STREET ADDRESS		1147 CORTO ST.	
CITY-ST-ZIP		SIMI VALLEY CA 93065	
TITLE	D	STAFFORD, TOM	Delete
NAME			
STREET ADDRESS		16779 GOLFVIEW DRIVE	
CITY-ST-ZIP		WESTON FL 16779	
TITLE			Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			Change	Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	PRESIDENT	WRIGHT, VICTOR L	Change	Addition
NAME				
STREET ADDRESS		82 GABLES BLVD		
CITY-ST-ZIP		WESTON FL 33326		
TITLE	SD	MIKITA-Buatberg	Change	Addition
NAME				
STREET ADDRESS		16779 GOLFVIEW DR		
CITY-ST-ZIP		WESTON FL 33326		
TITLE	D	DUSTIN GOLD	Change	Addition
NAME				
STREET ADDRESS		16779 GOLFVIEW DR		
CITY-ST-ZIP		WESTON FL 33326		
TITLE	D	SHARON VON STROUSEY	Change	Addition
NAME				
STREET ADDRESS		16779 GOLFVIEW DR		
CITY-ST-ZIP		WESTON FL 33326		
TITLE			Change	Addition
NAME				
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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (10/02)