

2000 UNIFORM BUSINESS REPORT (UBR)

4/5/00-90067-021-\$70.00-\$70.00

DOCUMENT # N93000003594

1. Entity Name

SOUTH FLORIDA TABLE TENNIS ORGANIZATION, INC.

Principal Place of Business

Mailing Address

2681 EAST MARINA DRIVE
FORT LAUDERDALE FL 33312

2681 EAST MARINA DRIVE
FORT LAUDERDALE FL 33312-7433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. FEI Number 65-0432818

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

TERRANOVA, TERESE L ESO
2681 MARINA DRIVE
FORT LAUDERDALE FL 33312

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: TERESE TERRANOVA

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

(NOTE: Registered Agent signature required when reinstating)

11/19/01
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
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: TERRANOVA, TERESE
STREET ADDRESS: 2681 E. MARINA DRIVE
CITY-ST-ZIP: FORT LAUDERDALE FL 33312 ☐ Delete

TITLE: DV
NAME: STERCELE, VIOLA
STREET ADDRESS: 1900 S. OCEAN DRIVE
CITY-ST-ZIP: FORT LAUDERDALE FL 33316 ☒ Delete

TITLE: D
NAME: PRAEGER, MARVIN
STREET ADDRESS: 2681 E. MARINA DRIVE
CITY-ST-ZIP: FORT LAUDERDALE FL 33312 ☐ Delete

TITLE: D
NAME: CALVIN MCLEOD
STREET ADDRESS: 531 LAKEVIEW DR
CITY-ST-ZIP: CORAL SPRINGS FL 33071 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: 300004732823-9
STREET ADDRESS: -12/19/01--01045--034
CITY-ST-ZIP: ****245.00 ****245.00

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

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

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: TERESE TERRANOVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/01 954-963-0204
Date Daytime Phone #

CR2E037 (9/99)