

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000793

1. Entity Name

CALUSA PARK TENNIS ASSOCIATION ("CPTA"), INC.

Principal Place of Business

421 S. MASHTA DRIVE
KEY BISCAINE FL 33149

Mailing Address

421 S. MASHTA DRIVE
KEY BISCAINE FL 33149-1731

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

65-0650075

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

AVELLO, JULIO A
421 S. MASHTA DRIVE
KEY BISCAINE FL 33149

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME AVELLO, JULIO A
STREET ADDRESS 421 S. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAINE FL 33149

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

TITLE D ☐ Delete
NAME OVARES, ENRIQUE
STREET ADDRESS 385 W. ENID ST.
CITY-ST-ZIP KEY BISCAINE FL 33149

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

TITLE D ☐ Delete
NAME GARCIA, RENE
STREET ADDRESS 730 HARBOR DR.
CITY-ST-ZIP KEY BISCAINE FL 33149

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

TITLE D ☐ Delete
NAME MIYARES, CARLOS H
STREET ADDRESS 7035 S.W. 127TH COURT
CITY-ST-ZIP MIAMI FL 33183

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

TITLE D ☐ Delete
NAME DEPOL, DAN
STREET ADDRESS 177 OCEAN LANE
CITY-ST-ZIP KEY BISCAINE FL 33149

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

TITLE D ☐ Delete
NAME SANTIN, MANUEL
STREET ADDRESS 115 SUNRISE #3C
CITY-ST-ZIP KEY BISCAINE FL 33149

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

1/18/00

(305) 529-1999

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90040 009 ****61.25



DO NOT WRITE IN THIS SPACE