2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N98000002383** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name INTER CITY YOUTH TENNIS FOUNDATION, INC. 04-19-2000 90061 019 ****61.25 Principal Place of Business Mailing Address 2930 BANYAN BLVD CIRCLE NW 2930 BANYAN BLVD CIRCLE NW BOCA RATON FL 33431 BOCA RATON FL 33431-6335 2. Principal Place of Business 3. Mailing Address 1781-ASAN DO NOT WRITE IN THIS SPACE 31-1609602 APPLIED FOR City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3445 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAINGER. DENNIS 2930 BANYAN BLVD CIRCLE NW **BOCA RATON FL 33431** 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. **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE UD RON PUBLIESE NAME NAME **GRAINGER, DENNIS** STREET ADDRESS STREET ADDRESS 1781-A SANJOSE Dr. 2930 BANYAN BLVD CIRCLE NW CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** DEIRAG BEACH, FLA ☐ Delete TITLE t Change ☐ Addition PD NAME INGLES, JOHN NAME Ingles John STREET ADDRESS STREET ADDRESS 2930 BANYAN BLVD CIRCLE NW M81-ASANJOSE DO. CITY_ST-7IP CITY-ST-7IP **BOCA RATON FL 33431** DEIRAY BEACK FLA. 33445 KAthy Kanpts STD TITLE Change Addition TITLE Delete GRAINGER, LYNN-NAME-NAME 1781-A SAN JOSEDF. STREET ADDRESS 2930 BANYAN BLVD CIRCLE NW STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FLA. 39445 CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deptime Phone #