

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90223 001 \*\*\*150.00

0313231

**DOCUMENT # P00000027445**

1. Entity Name

**FLORIDA TENNIS CENTER, INC.**

Principal Place of Business

**951 EGRET CIRCLE  
 DELRAY BEACH FL 33444**

Mailing Address

**951 EGRET CIRCLE  
 DELRAY BEACH FL 33444**

2. Principal Place of Business

**651 EGRET CIRCLE**

3. Mailing Address

**651 EGRET CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DeLray Beach**

City & State

**DeLray Beach**

Zip

**33444**

Country

**FL**

Zip

**33444**

Country

**FL**

4. FEI Number

**65-0998973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RAISS, RENZO  
 951 EGRET CIRCLE  
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

**NANDOR VERES**

Street Address (P.O. Box Number is Not Acceptable)

**651 EGRET CIRCLE**

City

**DELRAY BEACH**

FL

Zip Code

**33444**

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 **NANDOR VERES**

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

(NOTE: Registered Agent signature required when changing agent.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
 NAME **RAISS, RENZO**  
 STREET ADDRESS **951 EGRET CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **NANDOR VERES**  
 STREET ADDRESS **651 EGRET CIRCLE, DELRAY BEACH FL.**  
 CITY-ST-ZIP **33444**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
 NAME **NANDOR VERES JR.**  
 STREET ADDRESS **651 EGRET CIRCLE, DELRAY BEACH**  
 CITY-ST-ZIP **FL-33444**

TITLE **SECRETARY** ☒ Change ☐ Addition  
 NAME **MARIA VERES**  
 STREET ADDRESS **651 EGRET CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH, FL-33444**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANDOR VERES**

**4/20/01**

Date

**561 3507040**

Daytime Phone #

CR2E034 (10/00)