

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90880 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 27445

1. Entity Name **FLORIDA TENNIS CENTER, INC.**

NC/LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 EGRET CIRCLE

Suite, Apt. #, etc.

?

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Address

651 EGRET CIRCLE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

4. FEI Number

65-0998973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
NANDOR VERES

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

651 EGRET CIRCLE

City
DELRAY BEACH

FL

Zip Code
33444

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

DATE:

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NANDOR VERES
651 EGRET CIRCLE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
NANDOR VERES JR
651 EGRET CIRCLE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MARIA VERES
651 EGRET CIRCLE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **NANDOR VERES, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

561 865 4342

CR2E034B (12/01)