

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-15-2001 90064 021 ***150.00

DOCUMENT # P00000096435

1. Entity Name

BOSWORTH TENNIS, INC.

Principal Place of Business

Mailing Address

6401 CONGRESS AVENUE
SUITE 140
BOCA RATON FL 334876401 CONGRESS AVENUE
SUITE 140
BOCA RATON FL 33487

7004



DO NOT WRITE IN THIS SPACE

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

65-1047097

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

VALDES-FAULI CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CHAIRMAN**
 STREET ADDRESS **WARREN BOSWORTH**
 CITY-ST-ZIP **6401 CONGRESS AVE, Suite 140**
BOCA RATON, FLA. 33487

TITLE ☐ Change ☐ Addition
 NAME **Chairman and Director**
 STREET ADDRESS **Warren Bosworth**
 CITY-ST-ZIP **6401 Congress Avenue, Suite 140**
Boca Raton, FL. 33487

TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **JOHN W. BOSWORTH**
 CITY-ST-ZIP **6401 CONGRESS AVENUE Suite 140**
BOCA RATON, FL. 33487

TITLE ☐ Change ☐ Addition
 NAME **President and Director**
 STREET ADDRESS **John W. Bosworth -**
 CITY-ST-ZIP **6401 Congress Avenue, Suite 140**
Boca Raton, FL. 33487

TITLE ☐ Delete
 NAME **JOSEPH CASALE**
 STREET ADDRESS **6401 CONGRESS AVE, Suite 140**
 CITY-ST-ZIP **BOCA RATON, FL. 33487**

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Joseph Casale**
 CITY-ST-ZIP **6401 Congress Avenue, Suite 140**
Boca Raton, FL. 33487

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Delete
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 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 807, 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

4/30/2001

Date

Daytime Phone #

CR2E034 (10/00)