

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90173 021 ***150.00

0096620 FP

DOCUMENT # P02000123654

1. Entity Name
LAKE MARY TENNIS, INC.



Principal Place of Business
**10600 BLOOMFIELD DRIVE
425
LAKE MARY FL 32825**

Mailing Address
**10600 BLOOMFIELD DRIVE
425
LAKE MARY FL 32825**

100000070



2. Principal Place of Business
1015 Knollwood Court
Suite, Apt. #, etc.

3. Mailing Address
1015 Knollwood Court
Suite, Apt. #, etc.

City & State
**Winter Springs
Florida**

City & State
Winter Springs, FL

Zip Country
32708 USA

Zip Country
32708 USA

4. FEI Number
06-1663048

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUGGEMAN, BURTON L ESQ.
2121 LAKESIDE DRIVE
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HUBER, STEPHEN L JR.**
CITY-ST-ZIP **#425-10600 BLOOMFIELD DR.
ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1015 Knollwood Ct**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: **Stephen Huber** 4/23/03 (407)-324-3088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)