

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043613

1. Entity Name

ROCKY TOP TENNIS, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90074 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1200 SW 13TH AVENUE  
BOCA RATON FL 33486

1200 SW 13TH AVENUE  
BOCA RATON FL 33445-6533

2. Principal Place of Business

4788 N. Citation Dr.

3. Mailing Address

4788 N. Citation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#106

#106

City & State

City & State

Delray Beach FL

Delray Beach FL

Zip

Country

Zip

Country

33445

US

33445

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754302

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

CRUTCHER, RICHARD  
1200 SW 13TH AVENUE  
BOCA RATON FL 33486

Name

Richard Crutcher

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

4788 N. Citation Dr. #106

City

Delray Beach

FL

Zip Code  
33445

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

*Richard Crutcher*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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, 2000 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 D  
STREET ADDRESS CRUTCHER, RICHARD  
CITY-ST-ZIP 1200 SW 13TH AVENUE  
BOCA RATON FL 33486

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

*Richard Crutcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 561 451 4900

353

CR2E034 19/99