

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90193 037 ***150.00

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DOCUMENT # P97000064682

1. Corporation Name

THE TENNIS BAR CORPORATION

Principal Place of Business
3699 AIRPORT ROAD NORTH
NAPLES FL 34105

Mailing Address
3699 AIRPORT ROAD NORTH
NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

APPLIED FOR 59-3522857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2706 Horseshoe Dr. S.

Suite, Apt. #, etc.

22 Suite #101

City & State

23 Naples, FL 34104

Zip Country

24 25

2a. Mailing Address

26 2706 Horseshoe Dr. S.

Suite, Apt. #, etc.

27 Suite #101

City & State

28 Naples, FL 34104

Zip Country

29 30

9. Name and Address of Current Registered Agent

HOLCHER, MAX A
600 FIFTH AVENUE SOUTH
SUITE 303
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE P
NAME SANTIAGO, GERARDO DR
STREET ADDRESS 3699 AIRPORT ROAD NORTH
CITY-ST-ZIP NAPLES FL 34105

TITLE VP
NAME PEREZ, CARLOS
STREET ADDRESS 3699 AIRPORT ROAD NORTH
CITY-ST-ZIP NAPLES FL 34105

TITLE T
NAME HOLCHER, MAX A
STREET ADDRESS 600 FIFTH AVENUE S. SUITE 303
CITY-ST-ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P
2.2 NAME Perez, Carlos
2.3 STREET ADDRESS 2706 Horseshore Dr. S. #101
2.4 CITY-ST-ZIP Naples, FL 34104

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Max A. Holcher

Date

Daytime Phone #

(941) 649-7227

CR2E034 (1/198)