

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90104 034 \*\*\*150.00

**DOCUMENT #** P97000064682  
**Entity Name** THE TENNIS BAR CORPORATION

**Principal Place of Business** 2706 HORSESHOE Dr. So.  
 SUITE 101  
 NAPLES, FL 34104  
**Mailing Address** Same

**Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 59-3522857  
**Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Max A. Holcher  
 1000 9th Street No., Ste. 502  
 Naples, FL 34103

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<p>P <input type="checkbox"/> Delete                  Santiago, Gerardo Dr.                  3699 Airport Road North                  ST-ZIP</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>VP <input type="checkbox"/> Delete                  Perez, Carlos                  2706 Horse Shoe Dr., S., #101                  Naples, FL 34104                  ST-ZIP</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>T <input type="checkbox"/> Delete                  Holcher, Max A..                  1000 9th St. No., Suite 502                  Naples, FL 34103                  ST-ZIP</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:**

*Max A. Holcher*  
 Max A. Holcher

4/20/00

941-649-7227