

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90016 022 ***150.00

44023579



03082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3063392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LESNICK, IRVING I
150 EAST PALMETTO PARK ROAD
SUITE 500
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	POLICASTRO, GERALD	
STREET ADDRESS	201 ATP TOUR BLVD STE 150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LEE, PETER R	
STREET ADDRESS	201 ATP TOUR BLVD STE 150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, PETER R	
STREET ADDRESS	201 ATP TOUR BLVD STE 150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SIELICKI, RICHARD F	
STREET ADDRESS	201 ATP TOUR BOULEVARD #150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIELICKI, RICHARD F	
STREET ADDRESS	201 ATP TOUR BOULEVARD #150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOST, KELLEY R	
STREET ADDRESS	201 ATP TOUR BOULEVARD #150	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kelley R. Bost Kelley R. Bost 3/24/04 904-285-4030
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #