

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100125

1. Entity Name

ELITE TENNIS MANAGMENT INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90107 017 ***150.00

Principal Place of Business

Mailing Address

2800 HAVERHILL RD. NORTH
WEST PALM BEACH FL 33417

2800 HAVERHILL RD. NORTH
WEST PALM BEACH FL 33415

2. Principal Place of Business

2800 Haverhill Rd. North

3. Mailing Address

2794 Tennis Club Dr. #

Suite, Apt. #, etc.

101

City & State

West Palm Beach, FL

City & State

Walm Beach, FL

Zip

33417 Palm Beach

Zip

33417 Palm Beach

6. Name and Address of Current Registered Agent

KIESLING, ROBERT A
1101 NORTH CONGRESS AVENUE
SUITE 203
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name H+R Block

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D
NAME GOULD, ROBB
STREET ADDRESS 2800 HAVERHILL RD. NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Stacy M. Gould
STREET ADDRESS 2794 Tennis Club Dr. #101
CITY-ST-ZIP W. Palm Beach FL 33417 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)