

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000100125**1. Entity Name
ELITE TENNIS MANAGMENT INC.

Principal Place of Business

2800 HAVERHILL RD. NORTH

WEST PALM BEACH

33417

FL

Mailing Address

2794 TENNIS CLUB DR

#101

WEST PALM BEACH

33417

FL

2. Principal Place of Business

690 WOODBINE WAY

Suite, Apt. #, etc.

611

City & State

PALM BEACH GARDENS

FL

Zip

33418

Country

3. Mailing Address

690 WOODBINE WAY

Suite, Apt. #, etc.

611

City & State

PALM BEACH GARDENS

FL

Zip

33418

Country

4. FEI Number

65-0914779

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

H & R BLOCK

1101 NORTH CONGRESS AVENUE

SUITE 203

BOYNTON BEACH

33426

FL

7. Name and Address of New Registered Agent

Name

WAGSHOL RON CPA

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

6415 LAKE WORTH RD

SUITE 302

City

LAKE WORTH

FL

Zip Code

33463

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 **RON WAGSHOL CPA**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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, 2001 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 VP ☐ Delete
NAME GOULD STACY M
STREET ADDRESS 2794 TENNIS CLUB DRIVE # 101
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE D ☐ Delete
NAME GOULD ROBB
STREET ADDRESS 2800 HAVERHILL RD. NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME GOULD STACY M
STREET ADDRESS 690 WOODBINE WAY #611
CITY-ST-ZIP PALMBEACH GARDENS FL 33418TITLE D ☒ Change ☐ Addition
NAME GOULD ROBB
STREET ADDRESS 690 WOODBINE WAY #611
CITY-ST-ZIP PALM BEACH GARDNES FL 33418TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Robb K Gould**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)