

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90003 006 ***150.00

DOCUMENT # P98000102177

1. Entity Name

BONAVENTURE TENNIS ACADEMY, INC.

Principal Place of Business

**357 RACQUET CLUB RD
 WESTON FL 33326**

Mailing Address

**357 RACQUET CLUB RD
 WESTON FL 33326**

2. Principal Place of Business

16451 Racquet Club Road
 Suite, Apt. #, etc.

3. Mailing Address

16451 Racquet Club Road
 Suite, Apt. #, etc.

Weston, FL 33326
 City & State

Weston, FL 33326
 City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number **65-0879754**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, DON ESQ.
 9050 PINES BLVD., SUITE 450-F
 PEMBROKE PINES FL 33024**

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.

SIGNATURE **Don Gonzalez, ESQ**

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

(NOT)

Registered Agent's 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, 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	P	<input type="checkbox"/> Delete
NAME	DALEY, MIKE	
STREET ADDRESS	357 RACQUET CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	DALEY, MIKE	
STREET ADDRESS	357 RACQUET CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daley, Michael	
STREET ADDRESS	16451 Racquet Club Road	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daley, Michael	
STREET ADDRESS	16451 Racquet Club Road	
CITY-ST-ZIP	Weston, FL 33326	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **(Michael Daley)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/01
 Date

954-389-8666
 State

CR2E034 (10/00)

02/17/16