

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009969

1. Entity Name

GOMEZ TENNIS ACADEMY, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90075 024 \*\*\*150.00

Principal Place of Business

Mailing Address

4433 LAKE CALABAY DR.  
 ORLANDO FL 32837

4433 LAKE CALABAY DR.  
 ORLANDO FL 32837-5468

2. Principal Place of Business

2170 Robin Hood St

Suite, Apt. #, etc.

3. Mailing Address

2170 Robin Hood St

Suite, Apt. #, etc.

City & State

Sarasota Fl

City & State

Sarasota Fl

4. FEI Number

65-0891623

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, DIERDRE H  
 4433 LAKE CALABAY DR.  
 ORLANDO FL 32837

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Delete  
 NAME Carlos Gomez  
 STREET ADDRESS 3031 46th Ave E  
 CITY-ST-ZIP Bradenton, Fl 34203

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

TITLE President ☐ Delete  
 NAME Raul Gomez  
 STREET ADDRESS 3902 Gulf Dr  
 CITY-ST-ZIP Holmes Beach, Fl 34217

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

TITLE Director/ Tennis Coordinator  
 NAME Rene A. Gomez  
 STREET ADDRESS 4433 Lake Calabay Dr  
 CITY-ST-ZIP Orlando, Fl 32837

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dierdre H Gomez

Date

Daytime Phone #

5/17, 2000 (407) 826-5852

CR2E034 (9/99)