

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047115 (P)
 1. Entity Name
EXTREME TENNIS OF PUNTA GORDA, INC

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90008 011 ***158.75

Principal Place of Business Mailing Address
3941 TAMiami TR 24315 NORTHERN CROSS
3175 PUNTA GORDA, FL 33983
PUNTA GORDA, FL 33950

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
PUNTA GORDA, FL PUNTA GORDA, FL
 Zip Country Zip Country
33950 USA

DO NOT WRITE IN THIS SPACE
 4. FEI Number Applied For
65-0921424 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
☒ ☐

6. Name and Address of Current Registered Agent
JAN K CLEAVES
24315 NORTHERN CROSS RD
PUNTA GORDA, FL 33983

7. Name and Address of New Registered Agent
 Name MELINDA SCHAOT
 Street Address (P.O. Box Number is Not Acceptable)
23309 HARTLEY AVE
 City State Zip Code
PT. CHARLOTTE FL 33954

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 Melinda Schadt DATE 6/31/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
 10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Delete	TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JAN K CLEAVES</u>		NAME	<u>MELINDA SCHAOT</u>	
STREET ADDRESS	<u>24315 NORTHERN CROSS RD</u>		STREET ADDRESS	<u>23309 HARTLEY AVE</u>	
CITY-ST-ZIP	<u>PUNTA GORDA, FL 33983</u>		CITY-ST-ZIP	<u>PT. CHARLOTTE, FL 33954</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Melinda Schadt MELINDA SCHAOT PRESIDENT 7/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)