## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P99000051786 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name JIM RICH TENNIS ACADEMY, INC. 04-24-2000 90089 032 \*\*\*150.00 Principal Place of Business Mailing Address 474 SOUTH PINOAK PLACE 474 SOUTH PINOAK PLACE SUITE 200 SUITE 200 LONGWOOD FL 32779 LONGWOOD FL 32779-6163 2. Principal Place of Business 3. Mailing Address JIM RUN SABAL POINT CC. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 474 S. PINOAK PL. 2662 SABAL CLUB WAY City & State Applied For City & State 4. FEI Number AND GOMPA LONGWOOD, PI 59-3594*51*8 LONGWOOD Not Applicable Zip 32779 Country SEMINORE \$8.75 Additional 5. Certificate of Status Desired EMINOLE 2779 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICH, JAMES D Street Address (P.O. Box Number is Not Acceptable) 474 SOUTH PINOAK PLACE SUITE 200 LONGWOOD FL 32779 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO ☐ Addition TITLE ☐ Delete TITLE Change SIM RICH NAME NAME 474 S. PINORK PL. H200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FC 32719 CITY-ST-ZIP VILE-PRESIDENT ☐ Change ☐ Addition ☐ Delete TITLE TITLE GREG SAMES NAME MAME 273 N. PINOAL PL # 202 STREET ADDRESS STREET ADDRESS LONGWOOD\_IEL 32719 CITY-ST-ZIP CITY-ST-7IP THEY THEY UNE ☐ Addition Change TITLE ☐ Delete TITLE JEFF PRUTSMAN 6224 SABAL GREEN WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWHOD, PL. 32779 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on, an attachment with an address, with all other like empowered.

4-12-2000

407 862-9814

Daytime Phone #