

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766718

1. Entity Name

UNITED STATES PROFESSIONAL DIVING COACHES ASSOCI

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90110 041 ****61.25

0088360

Principal Place of Business

C/O DAVE ARDREY
2003 WALNUT
MURPHYSBORO IL 62966

Mailing Address

C/O DAVE ARDREY
2003 WALNUT
MURPHYSBORO IL 62966

2. Principal Place of Business

C/O KEITH RUSSELL
Suite, Apt. #, etc.

3242 APACHE LANE

City & State

PROVO

UT

Zip

84604

Country

USA

3. Mailing Address

C/O KEITH RUSSELL
Suite, Apt. #, etc.

3242 APACHE LANE

City & State

PROVO

UT

Zip

84604

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1801343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGERING, DAVID
5100 CORONADO RIDGE
BOCA RATON FL 33086

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
ARDREY, DAVE
2003 WALNUT
MURPHYSBORO IL 62966

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
HOCKING, JAMES
2509 B ST
LINCOLN NB 68502

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPJD
SIXBURY, KARA
81 BONNYWINE
WILLIAMSVILLE NY 14221

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
VOELLMECKE, STEVE
7833 STYRAX LANE
CINCINNATI OH 45236

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
KEITH RUSSELL
3242 APACHE LANE
PROVO, UT 84604

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

STEPHEN F.
VOELLMECKE

4/1/01

513-745-9787

CR2E037 (10/00)