2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90169 010 ****70.00

DOCUMENT # N04164

1. Entity Name

CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICA

Principal Place of Business	Mailing Address
P O BOX 950 BRANFORD FL 32008-7950	P O BOX 950 BRANFORD FL 32008-0950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 38057	PO BOX 38057
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32315-8057 Country: USA	Zip: 32315-8057 Country: USA

4. FEI Number 59-2437883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, BRUCE
5380 GROVE VALLEY ROAD
TALLAHASSEE FL 32303

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ZUMRICK, JOHN 1588 CHAIN FERN WY ORANGE PARK FL 32073	☒ Delete	TO JONES, JOHN 121 THOMAS STREET GRIFFIN, GA 30224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORMEROID, STEVE 629 WEST 4TH STREET MARYSVILLE FL 43040	☐ Delete	CD ORMEROID, STEVE 629 WEST 4TH ST MARYSVILLE, OH 43040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOMERS, BETH 6025 HOPE HILL ROAD BROOKSVILLE FL 34601	☐ Delete	D SOMERS, BETH 6025 HOPE HILL ROAD BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINGART, MARK 6025 WEST 4TH STREET BROOKSVILLE FL 34601	☐ Delete	VD STEINGART, MARK 6025 HOPE HILL ROAD BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, PAT P O BOX 210571 N/A MONTGOMERY AL 36121	☐ Delete	SD WATSON, PAT PO BOX 210571 MONTGOMERY, AL 36121	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, DENNY 200 SELLERSVILLE DRIVE E. STROUDSBURG PA 18301	☐ Delete		☐ 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: Stephen C. Ormeroid SIGNATURE REQUIRED STEPHEN C. ORMEROID 04-24-00 937-644-2559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #