2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Maritima Andalasasa

DOCUMENT # NO4164

1. Entity Name

CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICA L SOCIETY, INC.

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



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90167 037 ****70.00

rincipai Plac	e of Business	P.O. BOX 38057									
O. BOX 3805											
ILLAHASSEE	FL 32315-8057	TALLAHASSEE FL 32315-8057 US									
•		00					B(B1) (1111) 1931 1911	TICH SING O			
. Principal P	lace of Business	3. Mailing Address			-						
	SHOAL CREEK VILLAGE DR.	200 SELLERSVILLE DRIVE			"	30 11181 5 11 5 2111	01001 11010 A1111 B1D1		1211 21211 21411		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES					
00 1000		City & State			4. FEI Number 59-2437883 Applied For						1
City & State		E. STIZOUDS GURG		PA.		140 mber 59-7	2437883		<u> </u>	t Applicable	1
Zip	Country	Zip	Country					- \$	8.75 Add		1
3803-	5412 USA	18301	USA		5. Cert	ificate of Stat	us Desired		ee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent						
	managed at the		N	ame.KE	UNET	74 .	HILL -				ŀ
RYAN, BR	RUCE M						t Acceptable)		-		l
	ENSWOOD DR.				(r.o. box)					1700	ĺ
	SSEE FL 32303		2	826	SHOAL	CREEK	CUILLA	6E 6	SR.		
									-		l
				' (/)	KEL	•		FL	Zip Code		
. The above	parmed entity submits this statement for	the purpose of changing its re	egistered o	ffice or regist	ered agent,	or both, in th	e State of Florid	a. I am fai	miliar with,	and accept	
the obligat	ions of registered agent.										
	10 months	_ K=	NINIFT	4 HIL	L		08	2 FEB	2003	3	l
IGNATURE .	Signature, typed or printed name of registered agent a			nt signature requir		ding)		DATE			
	Agnature, typed or printed name or registered agent a	ло ше п аррисаме. (потс.	negistered Age	ant signatoro roqui	00 11/0/11/0/10/10						ł
j							Banka	Chaole	Dovoblo	to	ļ
ĺ	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	-	ncing	\$5.00 Added to				Payable nent of S		
		indst i dila oc	intinbation.		Auded it	71 663	riorida	Departi	nem or c	naic	
0.	OFFICERS AND DIR	ECTORS	11.	·-	ADDITION	S/CHANGES	S TO OFFICERS	AND DIRE	ECTORS IN	10	1
TLE	TD	☐ Delete	TITLE		>				☐ Change	Addition	3
AME	JONES, JOHN		NAME	DE	אטטא	WILL	2		v		3
TREET ADDRESS	121 THOMAS STREET		STREET AD	I .			SUILLE				ŀ
ITY-ST-ZIP	GRIFFIN GA 30224		CITY-ST-2	ZIP ϵ	STROC	JOSBUR	G PA		1830	<u>l</u>	ا پا
ITLE	CD	☐ Delete	TITLE					1	Change	Addition	į
AME	ORMEROID, STEVE		NAME	i							ľ
TREET ADDRESS	629 WEST 4TH STREET		STREET AD	DDRESS							
ITY-ST-ZIP	MARYSVILLE FL 43040		CITY-ST-2	ŽIP							1
ITLE	VD -==	☐ Delete-~ △	TITLE					.	Change	Addition	
AME	POUCHER, MIKE		NAME								
TREET ADDRESS	4625 NE 28TH TERR		STREET AD								ì
ITY-ST-ZIP	OCALA FL 34479		CITY-ST-2	ZIP					N		1
ITLE	D	☐ Delete	TITLE						☐ Change	Addition	
AME	HILL, KEN		NAME								l
TREET ADDRESS	2826 SHOAL CREEK DR		STREET AC	I							
ITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-	ZIP							┨
ITLE	D	☐ Delete	TITLE						Change	☐ Addition	
IAME	MURPHY, JERRY		NAME								
TREET ADDRESS	5489 NE 53RD TERR		STREET AL								
ITY-ST-ZIP	HIGH SPRINGS FL 32643		CITY-ST-	ZIP							+
ITLE	D	☐ Delete	TITLE						☐ Change	Addition	
IAME	BOWEN, CURT		NAME CERCET AS	DDDCCC							
TREET ADDRESS	3115 48TH AVE DR EAST		STREET AL	1							
ITY-ST-ZIP	BRADENTON FL 34203		UIIT-51	AIF							ı

SIGNATURE: State NGT CARE DUISTEPHEN C. ORMEROID FEB 3, 03 937-642.7725

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