

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90173 036 \*\*\*\*61.25

**DOCUMENT # N17352**

1. Entity Name

**WATER SPORTS INDUSTRY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% JOHN RIDDLE  
 200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408-5666

% JOHN RIDDLE  
 200 CASTLEWOOD DRIVE  
 NORTH PALM BEACH FL 33408-5666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2766476**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOTCHKISS, JIM**  
**WATER SPORTS INDUSTRY ASSOCIATION**  
**200 CASTLEWOOD DRIVE**  
**NORTH PALM BEACH FL 33408**

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  Delete  
 NAME **D HOLMES, GORDY**  
 STREET ADDRESS **20621 52ND STREET**  
 CITY-ST-ZIP **LYNWOOD WA**

TITLE  Change  Addition  
 NAME **D Sandridge, Glenn**  
 STREET ADDRESS **730 E. Strawbridge Ave**  
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE  Delete  
 NAME **D MELOON, WALT**  
 STREET ADDRESS **6100 SOUTH ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P DORTON, JOHN**  
 STREET ADDRESS **100 CHEROKEE COVE DR**  
 CITY-ST-ZIP **VONROE TN 37885**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD CARLEY, PAT**  
 STREET ADDRESS **9660 153RD AVE NE**  
 CITY-ST-ZIP **REDMOND WA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D EMMONS, JIM**  
 STREET ADDRESS **330 WEST CANTON**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V FILIP, GUY**  
 STREET ADDRESS **17622 NE 67TH COURT**  
 CITY-ST-ZIP **REDMOND WA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of Jim Emons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 (561) 840-1180

CR2E037 (9/99)