

2002 UNIFORM BUSINESS REPORT (UBR)

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MEDDOCK, LARRY
STREET ADDRESS 6100 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DORTON, JOHN
STREET ADDRESS 100 CHEROKEE COVE DR
CITY-ST-ZIP VONORE TN 37885

TITLE ☒ Change ☐ Addition
NAME Dorton, John
STREET ADDRESS 100 Cherokee Cove Dr
CITY-ST-ZIP VONORE, TN 37885

TITLE D ☐ Delete
NAME SANDRIDGE, GLENN
STREET ADDRESS 730 E. STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME 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:

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90070 010 ****61.25

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DO NOT WRITE IN THIS SPACE

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