

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37080

1. Entity Name

NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD) ✓

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6500 PRADO BLVD CORAL GABLES FL 33143 US	Mailing Address 1234 S. DIXIE HWY #160 CORAL GABLES FL 33146-2902
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0177556</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GAST, MICHAEL W  
 90 NW 189TH STREET  
 MIAMI FL 33169

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	PD	<input type="checkbox"/> Delete
NAME	GAST, MICHAEL W	
STREET ADDRESS	90 NW 189 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOXLEY, DONALD	
STREET ADDRESS	4300 SHERIDAN STREET., #232	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFF, RANDY	
STREET ADDRESS	6500 PRADO BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLAND, KEVIN C	
STREET ADDRESS	16940 SW 119TH AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOY, PAUL G	
STREET ADDRESS	12121 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANCOIS HOFF SECRETARY 01-07-00 305-666-9096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #