

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37080

1. Entity Name

NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)

Principal Place of Business

6500 PRADO BLVD
CORAL GABLES FL 33143
US

Mailing Address

1234 S. DIXIE HWY
#160
CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0177556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

TITLE PD
NAME GAST, MICHAEL W
STREET ADDRESS 90 NW 189 ST
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE VD
NAME MOXLEY, DONALD
STREET ADDRESS 4300 SHERIDAN STREET., #232
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE SD
NAME HOFF, RANDY
STREET ADDRESS 6500 PRADO BLVD
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE TD
NAME HOLLAND, KEVIN C
STREET ADDRESS 16940 SW 119TH AVE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
NAME TOY, PAUL G
STREET ADDRESS 12121 SW 100TH STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: T. RANDY HOFF SECRETARY 04-23-01 305-666-9096

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90008 024 ***150.00

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DO NOT WRITE IN THIS SPACE

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