

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40124

1. Entity Name

PALM BEACH COUNTY DIVING ASSOCIATION, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90077 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

255 EAST 22ND COURT

255 EAST 22ND COURT

~~STE 147~~  
RIVIERA BEACH FL 33404  
US

~~STE 147~~  
RIVIERA BEACH FL 33404-4505  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0222262

Applied For

Not Applied For

Zip

Country

Zip

Country

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

WALKER, BILL  
255 EAST 22ND COURT  
~~STE 147~~  
RIVIERA BEACH FL 33404

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  
NAME ABERNETHY, JAMES  
STREET ADDRESS 712 PELICAN WAY  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ Delete

☐ Change ☐ Addition

TITLE TD  
NAME WALKER, BILL  
STREET ADDRESS 255 E 22ND COURT  
CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ Delete

☐ Change ☐ Addition

TITLE VD  
NAME COLLINS, BART  
STREET ADDRESS 505 NORTHLAKE BLVD  
CITY-ST-ZIP N PALM BCH FL 33408

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ 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:

*Bill Walker* REQUEST: Bill Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00  
Date

564 691 5808  
Daytime Phone #