

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90213 028 ****61.25

DOCUMENT # N93000002560

1. Entity Name

CORAL SPRINGS DIVING BOOSTER CLUB, INC.

Principal Place of Business

12441 ROYAL PALM BLVD.
 CORAL SPRINGS FL 33065

Mailing Address

2039 NW 104TH AVE.
 CORAL SPRINGS FL 33071

976774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0416266

Applied For

Not Applicable

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

COMFORT, JEANNE
2039 N.W. 104TH AVE.
CORAL SPRINGS FL 33071

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	☒ Delete
NAME	GOLDSTEIN, GAIL	
STREET ADDRESS	4899 NW 98 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	☒ Delete
NAME	TUYMER, ANITA V	
STREET ADDRESS	9285 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	☐ Delete
NAME	COMFORT, JEANNE	
STREET ADDRESS	2039 NW 104TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	☒ Delete
NAME	SUTHERLAND, CYNTHIA	
STREET ADDRESS	4411 NW 65TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Director	☐ Change ☒ Addition
NAME	Ken Holar	
STREET ADDRESS	20 Shady Lane	
CITY-ST-ZIP	Tequesta FL 33469	
TITLE	Vice President / Director	☐ Change ☒ Addition
NAME	Colleen Mackey	
STREET ADDRESS	725 N Lake Ave	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary / Director	☐ Change ☒ Addition
NAME	JoEllen Berman	
STREET ADDRESS	301 NW 107 Ave	
CITY-ST-ZIP	Plantation, FL. 33324	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Joanne Comfort **REQUIRED** Treasurer Joanne Comfort 4-28-01 (954) 755-2817

CR2E037 (10/00)