

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91310 049 ****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

11024552



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☐ Delete
NAME	COMFORT, JEANNE	
STREET ADDRESS	2039 NW 104TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	☐ Delete
NAME	BERMAN, JO ELLEN	
STREET ADDRESS	301 NW 107 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	☐ Delete
NAME	DEHN, MIKE	
STREET ADDRESS	17984 FIELDBROOK CIR.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	☐ Delete
NAME	COOK, LAURA	
STREET ADDRESS	13030 NW 5TH ST.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
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: *Jeanne Comfort* **4-21-03 (954) 755-2817**

CR2E037 (10/02)