

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766718

1. Entity Name

UNITED STATES PROFESSIONAL DIVING COACHES ASSOCI

Principal Place of Business

Mailing Address

C/O DAVE ARDREY
2003 WALNUT
MURPHYSBORO IL 62966

C/O DAVE ARDREY
2003 WALNUT
MURPHYSBORO IL 62966-1911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGERING, DAVID
5100 CORONADO RIDGE
BOCA RATON FL 33086

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 ARDREY, DAVE
STREET ADDRESS 2003 WALNUT
CITY-ST-ZIP MURPHYSBORO IL 62966

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

TITLE VPD ☐ Delete
NAME HOCKING, JAMES
STREET ADDRESS 2509 B ST
CITY-ST-ZIP LINCOLN NB 68502

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

TITLE VPD ☒ Delete
NAME KETRICK, BOB
STREET ADDRESS 11751 MOSSY CREEK LANE
CITY-ST-ZIP RESTON VA 22091-2950

TITLE ☐ Change ☒ Addition
NAME KAEA SIXEBURY
STREET ADDRESS VP JUNIOR DIVING
CITY-ST-ZIP 89 BONDY WINE
WILLIAMSVILLE, NY 14221

TITLE TD ☐ Delete
NAME VOELLMECKE, STEVE
STREET ADDRESS 7833 STYRAX LANE
CITY-ST-ZIP CINCINNATI OH 45236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

STEPHEN F. VOELLMECKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

513.745.9757

Daytime Phone #

CR2E037 (9/99)