2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90110 041 ****61.25

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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o KEITH RUSSELL	c/o KEITH RUSSELL
Suite, Apt. #, etc.: 3242 APACHE LANE	Suite, Apt. #, etc.: 3242 APACHE LANE
City & State: PROVO UT	City & State: PROVO, UT
Zip: 84604 Country: USA	Zip: 84604 Country: USA

4. FEI Number 58-1801343 ☐ Applied For ☐ Not Applicable

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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARDREY, DAVE 2003 WALNUT MURPHYSBORO IL 62966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEITH RUSSELL 3242 APACHE LANE PROVO, UT 84604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOCKING, JAMES 2509 B ST LINCOLN NB 68502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPJD SIXBURY, KARA 81 BONNYWINE WILLIAMSVILLE NY 14221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VOELLMECKE, STEVE 7833 STYRAX LANE CINCINNATI OH 45236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 STEPHEN F. VOELLMECKE 4/1/01 513-745-9757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #