

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91615 025 \*\*\*\*61.25

**DOCUMENT # 703329**

1. Entity Name

**BARNACLE BUSTERS DIVER INCORPORATED, OF GAINESVILLE, ALACHUA COUNTY FLORIDA**

Principal Place of Business

Mailing Address

% STABLER  
 710 SE COUNTY RD 234  
 GAINESVILLE FL 32641-1304  
 US

% STABLER  
 710 SE COUNTY RD 234  
 GAINESVILLE FL 32641-1304  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7287073**

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

**STABLER, L. J., JR.**  
**710 SE COUNTY RD 234**  
**GAINESVILLE FL 32641-1304**

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 PDV ☐ Delete  
 NAME FINLEY, M CLAUDETTE  
 STREET ADDRESS 325 NW 48TH BLVD  
 CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE SD ☐ Delete  
 NAME RYSCHKEWITSCH, GEORGE  
 STREET ADDRESS 10 SW 41ST STREET  
 CITY-ST-ZIP GAINESVILLE FL

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

TITLE TD ☐ Delete  
 NAME STABLER, L J JR  
 STREET ADDRESS 710 SE COUNTY RD 234  
 CITY-ST-ZIP GAINESVILLE FL 32641-1304

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

TITLE D ☐ Delete  
 NAME VERMILLION, DAN  
 STREET ADDRESS 16337 NW 118TH PLACE  
 CITY-ST-ZIP ALACHUA FL 32615

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

TITLE D ☐ Delete  
 NAME GRISHAM, DIANNE  
 STREET ADDRESS 16337 NW 118TH PLACE  
 CITY-ST-ZIP ALACHUA FL 32615

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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STABLER, JR.** **APRIL 18, 2002**

Date

**(352) 371-2020**

Daytime Phone #

CR2E037 (9/01)