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

## **DOCUMENT # 762349**

1. Entity Name

FLORIDA GOLD COAST DIVING ASSOCIATION, INC.							02-10-2003 90245 032 ****70.00				
Principal Place of Business 9285 N.W. 16TH STREET CORAL SPRINGS. FL 33071			9285 !	ng Address N.W. 16TH STREET L SPRINGS. FL 33071		90022268					
2. Principal F	Place of Busin	ess	3. Mailing Address				1 28614 (18810 8)				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number <b>65-0373141</b> Applied For Not Applicable				
Zip Country			Zi	Zip Cou			5. Certificate of Sta	atus Desired	\$8.75 Ad Fee Require	ditional	
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Regis	<u>_</u>		
		والمهيد ميبوليون بيرد المالا المالا			- Name	المتناورة ومحدد براء	74-71				
TUYMER, ANNELIESE 9285 N.W. 16TH STREET:					Street A	Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS, FL 33071								,			
The above named entity submits this statement for the pu					City FL Zip Code					le	
SIGNATURE.	<del></del>	FEE IS \$61.25	ent and title if app	9. Election Camp Trust Fund Co			when reinstating) \$5.00 May Be Added to Fees		Check Payable Department of \$		
10.		OFFICERS AND	DIRECTORS		11.	Α	DDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER FI	DAVID S CREEK DR.		<b>≥</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dona: 1306	ld F. Colom NE 15th Av Lauderdale,	bo e	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5100 CORO BOCA RAT	g, david e Dnado ridge On Fl 33486	t or too	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400	O'Brien E. Las Ola Lauderdale			Addition	
	TUYMER, A 9285 N.W. CORAL SPE	16TH ST.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
ITLE IAME ITREET AODRESS ITY-ST-ZIP				☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition	

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

William Tibbure QUIR Eneliese Tuymer

☐ Delete

☐ Delete

Feb. 6, 2003

☐ Change

☐ Change

Addition

☐ Addition

**FILED** 

Feb 10, 2003 8:00 am Secretary of State

CR2E037 (10)