

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766718

1. Entity Name

UNITED STATES PROFESSIONAL DIVING COACHES ASSOCI

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90030 018 ****61.25

Principal Place of Business C/O DAVE ARDREY 2003 WALNUT MURPHYSBORO IL 62966	Mailing Address C/O DAVE ARDREY 2003 WALNUT MURPHYSBORO IL 62966-1911
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1801343

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

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 #	<input type="checkbox"/> Delete
NAME	ARDREY, DAVE	
STREET ADDRESS	2003 WALNUT	
CITY-ST-ZIP	MURPHYSBORO IL 62966	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOCKING, JAMES	
STREET ADDRESS	2509 B ST	
CITY-ST-ZIP	LINCOLN NB 68502	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KETRICK, BOB	
STREET ADDRESS	11751 MOSSY CREEK LANE	
CITY-ST-ZIP	RESTON VA 22091-2950	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAEA SIXEBURY
STREET ADDRESS	VP JUNIOR DIVING
CITY-ST-ZIP	89 BONDY WINE WILLIAMSVILLE, NY 14221

TITLE	TD	<input type="checkbox"/> Delete
NAME	VOELMECKE, STEVE	
STREET ADDRESS	7833 STYRAX LANE	
CITY-ST-ZIP	CINCINNATI OH 45236	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steve Voelmecke (STEPHEN F. VOELMECKE) 4/24/00 513.745.9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)