

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23610

1. Entity Name

AMERICAN DIVE CENTER INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90023 039 ***150.00

Principal Place of Business

1888 N.W. 2ND AVE
BOCA RATON FL 33432
US

Mailing Address

1888 N.W. 2ND AVE
BOCA RATON FL 33432-1616
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

65-0049475

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

MURPHY, OWEN
1402 SE 31 TERRACE
CAPE CORAL FL 33904

Name Edward Murphy

Street Address (P.O. Box Number is Not Acceptable)

1888 N.W. 2nd Avenue

City Boca Raton

FL

Zip 33432

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 Edward Murphy Edward Murphy, President 1/13/00

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME MURPHY, OWEN
STREET ADDRESS 1402 SE 31 TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PRESIDENT & TREASURER ☒ Change ☒ Addition
NAME Edward Murphy
STREET ADDRESS 1888 NW 2nd Ave
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY, VICE PRESIDENT ☐ Change ☒ Addition
NAME Barbara Gruby
STREET ADDRESS 3564 Palmdun Circle
CITY-ST-ZIP Deerfield Beach, FL 33442

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Murphy Edward Murphy 1/13/00 393-0621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 E014 (3/99)