

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 15 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L99000008961

## DOCUMENT #

1. Entity Name  
SOUTHEAST SCUBA ACADEMY, LLC.

Principal Place of Business Mailing Address

2. Principal Place of Business 302 R LEWIS LA.  
3. Mailing Address 302 R LEWIS LA.

Suite, Apt. #, etc. DANIA BEACH, FL  
Suite, Apt. #, etc. DANIA BEACH, FL

City & State City & State  
Zip 33004 Country USA Zip 33004 Country USA

4. FEI Number 65-0968970 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

STEVEN LINDEMANN  
4417 MAGNOLIA RIDGE DR.  
WESTON, FL. 33331

### 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

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: *Steven Lindemann*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN LINDEMANN MGR 4417 MAGNOLIA RIDGE DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL BUTLER MGR 525 NE 2ND PLACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNA LINDEMANN 4417 MAGNOLIA RIDGE DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIA BUTLER 525 NE 2ND PLACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003287749--1 -06/14/00--01004--015 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Steven Lindemann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 3/13/2000 Daytime Phone # 954 922-8137