

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003820

1. Entity Name

DIAMOND WATER SKI SHOW TEAM, INC.

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 008 ****61.25

0021849

Principal Place of Business

329 SEMINOLA BLVD.
CASSELBERRY FL 32707

Mailing Address

329 SEMINOLA BLVD.
CASSELBERRY FL 32707

CU072343

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

59-3675779

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

BLAIS, ROBIN
329 SEMINOLA BLVD.
CASSELBERRY FL 32707

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
NAME BEYER, TWILA
STREET ADDRESS 6375 TOPSY TRAIL
CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Delete

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

TITLE VD
NAME STANFLEY, CHARLES
STREET ADDRESS 8125 BLUESTAR CIRCLE
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE ~~VD~~
NAME Tenda, Mike
STREET ADDRESS 832 Camargo Way #307
CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☒ Addition

TITLE SD
NAME BLAIS-BORING, ROBIN
STREET ADDRESS 329 SEMINOLA BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

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

TITLE TD
NAME STANFLEY, DEBBIE
STREET ADDRESS 8125 BLUESTAR CIRCLE
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE TD
NAME BEYER, RON
STREET ADDRESS 6375 Topsy Trail
CITY-ST-ZIP St. Cloud, FL 34771 ☐ Change ☒ Addition

TITLE D
NAME BLAIS, PAUL
STREET ADDRESS 329 SEMINOLA BLVD. E
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

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

TITLE D
NAME MOUNTFORD, MIKE
STREET ADDRESS 1003 CANDLEBERRY RD.
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

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.

SIGNATURE: *Twila Beyer* TWILA BEYER 6/23/01 407-891-9911

CR2E037 (10/00)