2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N00626** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** ORLANDO OTTERS UNDERWATER SPORTSMEN INC. 02-24-2000 90014 024 ****61.25 Principal Place of Business Mailing Address 243 ROBIN ROAD 243 ROBIN RD ALTAMONTE SPRINGS FL 32701-5017 ALTAMONTE SPRINGS FL 32701-5017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2897868 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, DENNIS 243 ROBIN RD **ALTAMONTE SPRINGS FL 32701** Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE ☐ Change TITLE ☐ Delete JOHNSON, DENNIS NAME NAME STREET ADDRESS 243 ROBIN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONT SPRINGS FL 32701 Change ☐ Addition **VP** ☐ Delete TITLE TITLE NAME WHITAKER, DANA STREET ADDRESS STREET ADDRESS 5510 ALBERT DR CITY-ST-ZIP CITY: ST-ZIP -WINTER PARK FL Change Addition TITLE ☐ Delete TITLE NAME NAME SHEPHERD, LEAH STREET ADDRESS STREET ADDRESS 41700 CARRIE LN CITY-ST-ZIP CITY-ST-ZIP ALTOONA FL 32702 Change ☐ Addition TITLE Delete TITLE JANICE MC KEAGUE NAME TEEPER, EDWARD NAME 524 VIA VERONA HIO STREET ADDRESS STREET ADDRESS 509 SABAL TRL CIR CITY-ST-ZIP CITY-ST-ZIP 2714 Longwood Fl ALTAMONTE SPRINGS ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME KOUGH, RANDY NAME STREET ADDRESS STREET ADDRESS 777 DELTONA BLVD, #4 CITY-ST-ZIP CITY-ST-ZIP DELOTNA FL 32725 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JOHNSON, VIVIANNE STREET ADDRESS STREET ADDRESS 243 ROBIN RD CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701** 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.