

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90096 037 ****61.25

DOCUMENT # N00626

1. Entity Name

ORLANDO OTTERS UNDERWATER SPORTSMEN INC.

Principal Place of Business

**243 ROBIN RD
 ALTAMONTE SPRINGS FL 32701-5017**

Mailing Address

**243 ROBIN ROAD
 ALTAMONTE SPRINGS FL 32701
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2897868

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DENNIS
 243 ROBIN RD
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

03-05-01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, DENNIS	
STREET ADDRESS	243 ROBIN RD	
CITY-ST-ZIP	ALTAMONT SPRINGS FL 32701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, DANA	
STREET ADDRESS	5510 ALBERT DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPHERD, LEAH	
STREET ADDRESS	41700 CARRIE LN	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAGUE, JANICE	
STREET ADDRESS	524 VIN VERONA #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUGH, RANDY	
STREET ADDRESS	777 DELTONA BLVD, #4	
CITY-ST-ZIP	DELOTNA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, VIVIANNE	
STREET ADDRESS	243 ROBIN RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Dennis Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-05-01

CR2E037 (10/00)