

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10768

1. Entity Name

THE MARTIN DIVE CLUB, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90038 030 ****61.25

Principal Place of Business

Mailing Address

4021 SEABRIDGE DRIVE
ORLANDO FL 32839
US

4021 SEABRIDGE DRIVE
ORLANDO FL 32839-3236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0001185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STREETER, JIMMY C
4021 SEABRIDGE DR
ORLANDO FL 32839

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 ☐ Delete
NAME STREETER, JIMMY
STREET ADDRESS 4021 SEABRIDGE DR
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ Change ☐ Addition
NAME STREETER, Jimmy
STREET ADDRESS 4021 SEABRIDGE DR.
CITY-ST-ZIP ORLANDO, FL. 32839

TITLE TD ☐ Delete
NAME STREETER, KAREN
STREET ADDRESS 4021 SEABRIDGE DR
CITY-ST-ZIP ORLANDO FL

TITLE SD ☒ Change ☐ Addition
NAME STREETER, KAREN
STREET ADDRESS 4021 SEABRIDGE DR.
CITY-ST-ZIP ORLANDO, FL. 32839

TITLE SD ☒ Delete
NAME FRANK, MARIE
STREET ADDRESS 811 PARK TRAIL DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE PD ☐ Change ☒ Addition
NAME MARK DuBiel
STREET ADDRESS 2924 Crystal Creek Blvd
CITY-ST-ZIP Orlando, FL. 32837

TITLE VD ☐ Delete
NAME HENDERSON, DAVID
STREET ADDRESS 1198 BALTIC LN
CITY-ST-ZIP WINTER SPRINGS FL 32708

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)