## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED**

DOCUMENT # N16222  1. Entity Name ST. PETERSBURG UNDERWATER CLUB, INC.								Jun 17, 2000 08:00 AM Secretary of State				
Principal Place of Business			Mailing Address									
2429 GLENANN I	DR	2	429 GLENAN	IN DR								
CLEARWATER 33764			LEARWATE 3764	ER		FL						
2. Principal Place of Business 4336 46 AVE 8			3. Mailing Address 4336 46 AVE 8									
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.				DO NOT WRITE	IN THIS	SPACE		
City & State ST PETERSBURG FL			City & State			FL				oplied For of Applicable		
<b>Z</b> ip 33711	US		Zip 3711		Cour	ntry	5. Certifica	te of Status Desired		\$8.75 Add Fee Require	ditional d	
	6. Name and Ad	dress of Current Red	gistered A	lgent			7. Name a	nd Address of New Reg	istered	Agent		
CURRAN DANIEL B						Name RICE	GERALD S					
2429 GLENANN DR						Street A 4336 46 A	Address (P.O. Box Num	ber is Not Acceptable)				
CLEARWATER FL												
US     The above named entity submits this statement for the purpose of changing its re							ERSBURG FL Zip Code 33711					
	GERALD S		e purpose	of changing its re	egistered	d office o	r registered agent, or t			, 7/ <b>2000</b>		
SIGNATURE .		ame of registered agent and t	ite if applicat	le. (NOTE F	Registered	Agent signa	ture required when reinstating)		DATE	7/2000		
	FILE NOW: FEE IS \$61.25		Tru	ction Campaign F st Fund Contributi	ion.	g 🖂	\$5.00 May Be Added to Fees	Depa	irtmer	Payable to		
10.		FFICERS AND DIREC	TORS		11.		1	HANGES TO OFFICERS	AND D			
NAME STREET ADDRESS	VD RENNER PA 5122 39TH ST. S.	UL		☐ Delate	TITLE NAME STPEET	T ADDRESS	OF COURT OF	RAIG		<b>⊠</b> Change	☐ Addition	
CITY-ST-ZIP	ST PETE		FL	33711	City-s	iT-ZIP	ST PETE		FL	33705		
NAME	PD RICE GERI	RY		☐ Delete	TITLE NAME		PD RENNER PA	UL.			Addition	
STREET ADDRESS CITY-ST-ZIP	4336 46TH AVE. S. ST PETE		ET	22711	STREET CITY-S	SZ3FCCAT	5122 39 ST S ST PETE		FL	22711		
TITLE			- FL	33711	<del> </del>	ot-ZIF			FL	33711	F I A C DO	
NAME STREET ADDRESS	GORMLEY C 228 59TH AVE. S.	CRAIG		☐ Delete	NAME CAREST	ADDRESS		HRIS		<b>∑</b> i Change	Addition	
CITY-ST-ZIP	ST PETE		FL	33705			2730 MIKOL TER S ST PETE			33712		
TITLE	TD			☐ Delete	TITLE		ŤD			X Change	Addition	
NAME	CURRIN DA	N			NAME		RICE GERA	LD				
STREET ADDRESS	2429 GLENANN DR					ADDRESS	4336 46 AVE S					
CITY-ST-ZIP	CLEARWATER	<del></del>	FL	33764	CITY-S	T-ZIP	ST PETERSBURG		FL	33711		
TITLE NAME	D BUTTS WAY	VNTE.		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	1659 JEFFORDS ST					AODRESS						
CITY-ST-ZIP	CLEARWATER		FL	33756	CITY-S	T-ZIP						
TITLE				<u> Пъ.</u>	7,7,5							
1	D			☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS		AMES MJR		Li Delete	NAME	ADDRESS :				Change	Addition	

<sup>12.</sup> 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.