

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17313

1. Entity Name

DOWN UNDER DIVE CLUB, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90002 006 \*\*\*\*61.25

Principal Place of Business P O BOX 060626 PALM BAY FL 32906-0626	Mailing Address P O BOX 060626 PALM BAY FL 32906-0626
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>22-7708920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GORNT0, HARRY 46 ROCKLEDGE AVE ROCKLEDGE FL 32955</b>	7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Harry G Gornito Treasurer* DATE *2/5/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELMATER, CHARLES 620 ANDERSON CT SATELLITE BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DeMater, Charles 620 Anderson CT SATELLITE BCH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BOERSMA, ROB 2275 CRIPPEN COURT MELBOURNE FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDOCK, WIMKIE S P.O. BOX 33 N A GRANT FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gornito, Harry 46 Rockledge Ave Rockledge, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINS, MARGIE 645 N ROBIN WAY SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Hart, Ronald H 2811 Coleman CT West Melbourne, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORNT0, HARRY 46 ROCKLEDGE AVE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Curley, Jori 463 Crescent Dr Melbourne, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE *2/5/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)