

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90032 022 \*\*\*\*61.25

**DOCUMENT # N17313**

1. Entity Name

**DOWN UNDER DIVE CLUB, INC.**

Principal Place of Business

P O BOX 060626  
 PALM BAY FL 32906-0626

Mailing Address

P O BOX 060626  
 PALM BAY FL 32906-0626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965730  
 22-1708920

Applied For

☒ Not Applicable

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

**GORNT0, HARRY  
 46 ROCKLEDGE AVE  
 ROCKLEDGE FL 32955**

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

*Harry Gornato*

*Harry Gornato*

*1-31-2001*

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.

TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME DELMATER, CHARLES ☒ Delete  
 STREET ADDRESS 620 ANDERSON CT  
 CITY-ST-ZIP SATELLITE BCH FL

TITLE PD ☒ Change ☐ Addition  
 NAME Curley, Jeri  
 STREET ADDRESS 463 Crescent Dr.  
 CITY-ST-ZIP Melbourne, FL

TITLE DM ☐ Delete  
 NAME BOERSMA, ROB  
 STREET ADDRESS 2275 CRIPPEN COURT  
 CITY-ST-ZIP MELBOURNE FL 32904

TITLE S ☒ Change ☐ Addition  
 NAME Marcia Barnes  
 STREET ADDRESS 330 Carissa Dr.  
 CITY-ST-ZIP Satellite Beach, FL

TITLE V ☐ Delete  
 NAME HART, RANDELL  
 STREET ADDRESS 2811 COLEMAN CT  
 CITY-ST-ZIP W MELBOURNE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME GORNT0, HARRY  
 STREET ADDRESS 46 ROCKLEDGE AVE  
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☒ Delete  
 NAME CURLEY, JORI  
 STREET ADDRESS 463 CRESCENT DR  
 CITY-ST-ZIP MELBOURNE FL

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:

*Harry Gornato*

*1-31-2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)