

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N17313**

1. Entity Name

DOWN UNDER DIVE CLUB, INC.**FILED**
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90080 050 ****61.25

Principal Place of Business Mailing Address
P O BOX 060626 P O BOX 060626
PALM BAY FL 32906-0626 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
59-2965130

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, HARRY
46 ROCKLEDGE AVE
ROCKLEDGE FL 32955

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	CURLEY, JERI	
STREET ADDRESS	463 CRESCENT DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BOERSMA, ROB	
STREET ADDRESS	2275 CRIPPEN COURT	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	V	<input type="checkbox"/> Delete
NAME	HART, RANDELL	
STREET ADDRESS	2811 COLEMAN CT	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORNT0, HARRY	
STREET ADDRESS	46 ROCKLEDGE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNES, MARCIA	
STREET ADDRESS	330 CARISSA DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321
1-18-2002 631-8302

CR2E037 (9/01)