

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90838 025 \*\*\*\*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 **59-2965130**

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 **ED GIVEN**

Street Address (P.O. Box Number is Not Acceptable)

**2321 ROYAL POINCIANA BLVD**

City

**MELBOURNE**

FL

Zip Code

**32935**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **S** ☒ Delete  
NAME **BARNES, MARCIA**  
STREET ADDRESS **330 CARISSA DR.**  
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DIVE MASTER** ☐ Change ☒ Addition  
NAME **GEORGE KENNY**  
STREET ADDRESS **6156 GREENWOOD VLG BLVD**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **VILE PRESIDENT** ☐ Change ☒ Addition  
NAME **BOB CARMICHAEL**  
STREET ADDRESS **1180 SPRING OAK DR**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **ED GIVEN**  
STREET ADDRESS **2321 ROYAL POINCIANA BLVD**  
CITY-ST-ZIP **MELBOURNE FL 32935-2114**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **LAURA TESTA**  
STREET ADDRESS **6156 GREENWOOD VLG BLVD**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

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 Required**

**2/12/03**

**321-733-0812**

CR2E037 (10/02)