

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90900 036 ****61.25

DOCUMENT # N17664

1. Entity Name

FLORIDA ASSOCIATION OF DIVE OPERATORS, INC.

Principal Place of Business

Mailing Address

2066 N OCEAN BLVD
 #8SE
 BOCA RATON FL 33431
 US

PO BOX 39794
 FT LAUDERDALE FL 33339
 US

2. Principal Place of Business

3. Mailing Address

51 GARDEN COVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KEY LARGO, FL

City & State

City & State

Zip
33037

Country
U.S.A.

Zip

Country

4. FEI Number
59-2820189

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

JENNI, CRAIG S
 2066 N OCEAN BLVD #8SE
 FT LAUDERDALE FL 33431

Name **SPENCER SLATE**
 Street Address (P.O. Box Number is Not Acceptable)
51 GARDEN COVE DRIVE
 City **KEY LARGO** FL Zip Code **33037**

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 *Spencer Slate*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11 Apr 02

FILE NOW: FEE IS \$81.25

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNI, CRAIG S 2066 N OCEAN BLVD #8SE BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATE, SPENCER 51 GARDEN COVE ROAD KEY LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPELBAUM, JOHN 1831 E EDGEWOOD DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATE, ANNETTE 51 GARDEN COVE ROAD KEY LARGO, FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

Spencer Slate
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 02 **305-451-3020**

Date

Daytime Phone #

CR2E037 (9/01)