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

## DOCUMENT # N25160

SIGNATURE:



FILED
Mar 03, 2003 8:00 am
Secretary of State

(863) 646 9462

1. Entity Na	EEKERS DIVE CLUB, INC.			03-	-03-2003 90423 037	****61.	25	
Principal Place of Business 916 BROOKWOOD DR LAKELAND FL 33813 US		Mailing Address 916 BROOKWOOD DR LAKELAND FL 33813 US						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suita Apr. H. etc.						
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-	00 2000017		oplied For	
Žip	Country	Zip	Country	5. Certificate of Stat		<b>B.75</b> Ad		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Ag	e Require	id -	
916 BRC	ER, JOSEPH G. DOKWOOD DR ND FL 33813			ss (P.O. Box Number is Ne	arksow t Acceptable) Crestable)			
	e named entity submits this statement fo		CityLAK	ELAND	FL	Zip Cod	0 4	
SIGNATURE	Chan Clay be Signature, typed or printed name of registered agent of the Signature. Signature of the Signatu	and title if applicable. (NOTE	Registered Agent signature requirements of the contribution.	s5.00 May Be Added to Fees	Make Check F	ayable	to State	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	OTODC IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWGARINGEN, MICHAEL 3964 DENVER AVE BOWLING GREEN FL 33834	Delete	TITLE PD S M NAME STREET ADDRESS 394	LEARINGEN, M 64 DENVER AN NUME GREEN	11CHAEL D	Change	Addition	
TITLE NAME Street address City-St-Zip	PD CONWAY, CATHERINE 925 S ORANGE AVE BARTOW FL 33830	Delete	TITLE VPJ NAME SAM STREET ADDRESS 327	D RVER MIKE TANAGER 61		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CYNTHIA 5704 OLD SCOTT LAKE RD LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAM)		Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	TD GATES, CHARLES 1708 ATLANTA CT LAKELAND FL 33803	Delete	TITLE TO STAR STREET ADDRESS 363 CITY-ST-ZIP	M HUTTON CLEVELAND KELAND, FL	Hrs. BLVO. 33803	Change	Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
of the corr	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	vered to execute this report of	ne exemption stated in S signature shall have the s required by Chapter 6	Section 119.07(3)(i), Florid e same legal effect as if ma 17, Florida Statutes; and th	a Statutes. I further certify t ade under oath; that I am a at my name appears in Bio	hat the inf n officer o ock 10 or E	ormation or director Block 11 if	