

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90108 034 ****61.25

80101767

DO NOT WRITE IN THIS SPACE

DOCUMENT # N 36283
1. Entity Name
 Team Orlando Diving Boosters Club, Inc.

Principal Place of Business
 Ymca Aquatic Center
 8422 International Drive
 Orlando, FL 32819

Mailing Address

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 3845 Gatlin Place Circle
 Suite, Apt. #, etc.
 City & State
 Orlando, FL
 Zip
 32812-7671
 Country
 USA

4. FEI Number
 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
 Name
 Elaine Bouck
 Street Address (P.O. Box Number is Not Acceptable)
 3845 Gatlin Place Circle
 City
 Orlando
 FL
 Zip Code
 32812-7671

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 *El Bouck Elaine Bouck* **4-30-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	Carrie Haan	2499 Trentwood Blvd.	Orlando, FL 32812	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
-VD	Diann Brown	8571 Clover Court	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Elaine Bouck	3845 Gatlin Place Circle	Orlando, FL 32812-7671	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Judy Berry	500 Woodland Street	Orlando, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *El Bouck Elaine Bouck* **4-30-00** **407.277.5875**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)