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

FILED
May 30, 2002 8:00 am
Secretary of State
05-13-2002 90085 017 ****61.25
05-12-2002 90618 039 ****61.25

DOCUMENT # N36283

1. Entity Name

TEAM ORLANDO DIVING BOOSTER CLUB, INC.

DO NOT WRITE IN THIS SPACE

90186

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2. Principal Place of Business	3. Mailing Address
YMCA INTERNL DR	2616 CRESCENT LAKE CT
Suite, Apt. #, etc. 8422 INTERN'L DR	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State WINDERMERE FL
Zip 32819 Country USA	Zip 34786 Country USA

4. FEI Number — Applied For / ✓ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: WILLIAM D BROOKS

Street Address (P.O. Box Number is Not Acceptable): 2616 CRESCENT LAKE CT

City: WINDERMERE FL Zip Code: 34786

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: _____ 29th April '02
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PRES
NAME	WILLIAM D & LUANN G BROOKS
STREET ADDRESS	2616 CRESCENT LAKE CT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	VACANT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TREAS.
NAME	ANITA MESHLER
STREET ADDRESS	4105 FLORALWOOD CT
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	SEC/
NAME	VALERIE DAVIS
STREET ADDRESS	2816 CARLTON TER
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 25th April 02 (407) 509-8637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #