


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90033 034 ****61.25

A0082417

DO NOT WRITE IN THIS SPACE

DOCUMENT # 200 COR NON-PROFIT A/R
1. Entity Name
 Ocala Dive Club, Inc. 

Principal Place of Business
Mailing Address

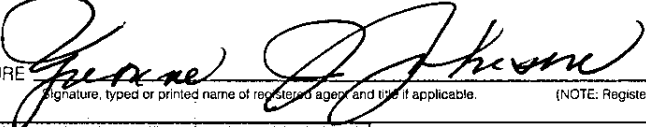
2. Principal Place of Business 3934 NE 21st Lane
 Suite, Apt. #, etc.
3. Mailing Address 3934 NE 21st Lane
 Suite, Apt. #, etc.

City & State Ocala FL
City & State Ocala FL
Zip 34470 **Country** USA
Zip 34470 **Country** USA

4. FEI Number 59-3075064
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Johnson, Yvonne J.
 3934 NE 21st Lane
 Ocala FL 34470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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  Yvonne J. Johnson
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 8/16/01

FILE NOW FEE IS \$61.25
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

TITLE	CBDD	<input type="checkbox"/> Delete
NAME	Johnson, Yvonne J	
STREET ADDRESS	3934 NE 21st Lane	
CITY-ST-ZIP	Ocala FL 34470	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	Johnson, Ray	
STREET ADDRESS	1923 NE 6 ST	
CITY-ST-ZIP	Ocala FL 34470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Boyer, William	
STREET ADDRESS	3349 NE 28 Ave	
CITY-ST-ZIP	Ocala FL 34479	
TITLE	Treas - SEC	<input type="checkbox"/> Delete
NAME	Boyer, Darlene	
STREET ADDRESS	3349 NE 28 Ave	
CITY-ST-ZIP	Ocala FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lytle, Richard	
STREET ADDRESS	287 SE 50th Terr	
CITY-ST-ZIP	Ocala FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fairburn, Cammie	
STREET ADDRESS	850 NW 75th Terr	
CITY-ST-ZIP	Ocala FL 34482	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Darlene A. Boyer 8/16/01 352-629-5147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)