

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40668

1. Entity Name

COASTAL UNDERWATER DIVE ADDICTS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90087 032 \*\*\*\*61.25

Principal Place of Business  
2065 CARAMBOLA CT  
W PALM BEACH FL 33406  
US

Mailing Address  
2065 CARAMBOLA CT  
W PALM BEACH FL 33406-5307  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0240514**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

PANDO, JILL  
2065 CARAMBOLA CT  
W PALM BEACH FL 33406

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 *Jill Pando* JILL PANDO

3-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARRIS, DREW  
5080 FOXHALL DR N  
WEST PALM BEACH FL 33417 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
RICK HALLETT  
207 D-2 FOXTAIL DR  
W. PALM BEACH, FL 33415 ☒ Change ☐ Addition **D**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FARBER, JODI  
4822 CLASSIC DR  
W PALM BEACH FL 33417 ☐ Delete **D**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PANDO, JILL  
2065 CARAMBOLA CT  
W PALM BEACH FL 33406 ☐ Delete **D**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
CHRISTIANSEN, JENNIFER  
11420 US HWY ON ST. 147  
PALM BEACH GARDENS FL 33408 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRD  
HARRINGTON, PAUL  
904 ALLAMANDA DR  
N PALM BEACH FL 33408 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CONNELLY, VIRGINIA  
1220 MANOR DR  
SINGER ISLE FL 33404 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Jill Pando* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 561-5824876

Date Daytime Phone #

CR2E037 (9/99)