2000 UNIFORM BUSINESS REPORT (UBR)

nt with an address, with all other like empowered.

changed, or on an attach

SIGNATURE

FILED **DOCUMENT # N43941** Sep 18, 2000 8:00 am 1. Entity Name Secretary of State TREASURE COAST DIVE CLUB, INC. 09-18-2000 90149 037 ****61.25 Mailing Address Principal Place of Business 900 OLD TOWN AVE. PO 80X 7424 JUPITER FL 33468-7424 JUPITER FL 33468 2. Principal Place of Business 3. Mailing Address 7424 PO BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE JUPITER Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33468 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M-GAFFICK Street Address (P.O. Box Number is Not Acceptable) **BRITTON, CONNIE** 4491 SE ROARING BROOK WAY 5512 SE GRAFTON AV. STUART FL 34997 City STUART 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT / UP Change ☐ Addition TITLE TITLE Delete PAUL FRANKLE NAME NAME QUEEMAN, MARK 192 GREENTREE CIRCLE STREET ADDRESS STREET ADDRESS 12647 160TH ST CITY-ST-ZIP CITY-ST-ZIP UPITER FL 33468 Jupiter FL 33458 Change ☐ Addition Delete TITLE TITLE VPD NAME NAME QUEENAN, MARK STREET ADDRESS STREET ADDRESS 12647 160TH ST CITY-ST-ZIP CITY-ST-78 Jupiter FL 33458 ~ 🔲 Change 💳 🔲 Addition TITLE Öëlete TITLE TD FRANKLE, SANDY NAME NAME STREET ADDRESS STREET ADDRESS 192 GREENTREE CIR. CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33468 ☐ Change Addition Delete TITLE TITLE NAME COOPER, JOAN NAME STREET ADDRESS STREET ADDRESS 18384 S.E. HERITAGE DRIVE CITY-ST-7IP CITY-ST-ZIP **TEQUESTA FL** ☐ Addition ☐ Change TITI F TITLE **Delete BLAKESLEE, JON** MAME NAME STREET ADDRESS STREET ADDRESS 4964 S.E. PINE KNOLL WAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Addition Change VPD **X** Delete TITLE ROGER, EDER NAME NAMÉ STREET ADDRESS STREET ADDRESS 352 SW SALEMO RD CITY-ST-ZIP STUART FL 34997 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

Sept. 14 2000 561-882-3716