2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED Feb 28, 2001 8:00 am DOCUMENT # N9400003478 **Secretary of State** 1. Entity Name 02-28-2001 90127 011 ****61.25 UNITED STATES OF AMERICA UNDERWATER FEDERATION, Principal Place of Business Mailing Address C/O ROGER SPRINGFELS P O BOX 13754 6014 NW 36 PL GAINESVILLE FL 32604 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3188203 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPRINGFELS, ROGER 6014 NW 36 PL **GAINESVILLE FL 32606** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$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 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) PD Addition TITLE ☐ Delete TITLE ☐ Change NANCE, MURRAY NAME NAME STREET ADDRESS 4105 IONA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL TITLE ☐ Delete TITLE ☐ Change Addition PENALTA, ALEXANDER J.D. NAME NAME 2500 NORTH FEDERAL HIGHWAY SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TD ☐ Delete ☐ Change ☐ Addition TITLE TITLE SPRINGFELS, ROGER NAME NAME STREET ADDRESS 6014 NW 36 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL SD ☐ Change ☐ Addition TITLE ☐ Detete TITLE MILLOTT, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 12547 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32604 Change TITLE ☐ Addition TITLE ☐ Delete NAME NANCE, MICHAEL NAME STREET ADDRESS 4105 Iona St STREET ADDRESS 126 FL GYM CITY-ST-ZIP CITY - ST - ZIP Titusville, FL GAINESVILLE FL Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP 12. Thereby 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

alLother like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR