

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N96000005092

1. Entity Name

THE SUNCOAST DIVING BOOSTER CLUB, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90119 049 \*\*\*\*61.25

Principal Place of Business Mailing Address  
% CITY OF LARGO SOUTHWEST COMPLEX % CITY OF LARGO SOUTHWEST COMPLEX  
13120 YONN ROAD 13120 YONN ROAD  
LARGO FL 34644 LARGO FL 33774-2246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3400718		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip		Zip		Country		Country	
		Seminole FL					
		33775					

6. Name and Address of Current Registered Agent

EAGAN, SHANNON C.  
401 ROSERY RD. NE #224  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name Wren, Susan  
Street Address (P.O. Box Number is Not Acceptable)  
11932 - 99th Ave N.  
City Seminole FL Zip Code 33772

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 Susan Wren, Treasurer (NOTE: Registered Agent signature required when registering) DATE 1-31-00

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, DEBORAH		NAME	Maddox, Diane	
STREET ADDRESS	5343 3RD AVE. NORTH		STREET ADDRESS	P.O. Box 835	
CITY-ST-ZIP	ST. PETERBURG FL 33710		CITY-ST-ZIP	Seminole FL 33775	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, KATHY		NAME	Wren, Susan	
STREET ADDRESS	11814 108TH AVE. NORTH		STREET ADDRESS	11932 - 99th Ave N.	
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP	Seminole FL 33772	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIRL, BEVERLY		NAME		
STREET ADDRESS	10785 DANIELLE DR.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Beverly Beirl Date 1/26/00 Daytime Phone # 727-595-9197

CR2E037 (9/99)