2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # N9600005092 1. Entity Name THE SUNCOAST DIVING BOOSTER CLUB, INC. 05-01-2001 90065 002 ****61.25 Principal Place of Business Mailing Address % CITY OF LARGO SOUTHWEST COMPLEX PO BOX 8764 14076009 13120 VONN ROAD SEMINOLE FL 33775 LARGO FL 34644 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 59-3400718 Not Applicable Zip Country Zip 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 David L. Troup Street Address (P.O. Box Number is Not Acceptable) WREN, SUSAN 4731 Central Avenue 11932-99TH AVE N SEMINOLE FL 33772 Zip Code 33713 St. Petersburg 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. David L. Troup SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change X Addition TITLE 🔯 Delete TITLE PD HAMPTON, DEBORAH NAME NAME Diane Maddox STREET ADDRESS 5343 3RD AVE. NORTH STREET ADDRESS P 0 Box 8335 CITY-ST-ZIP ST. PETERBURG FL 33710 CITY-ST-ZIP Seminole, FL 33775 TD VPD TITLE X Delete TITLE ☐ Change X Addition DESANTIS, KATHY Susan Carpenter-Wren NAME NĀMĒ STREET ADDRESS 11814 108TH AVE. NORTH STREET ADDRESS 11932 99th Ave. No. CITY-ST-ZIF LARGO FL 33778 CITY-ST-ZIP Seminole, FL 33772 DVP TITLE X Delete TITLE □ Change [X] Addition BEIRL, BEVERLY NAME NAME Jamie Calderbank 9430 Patricia Court STREET ADDRESS 10785 DANIELLE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP LARGO FL 33774 Seminole, FL 33776 TITI F Delete TITLE Change X Addition NAME NAME David L. Troup, CPA STREET ADDRESS STREET ADDRESS 4731 Central Ave.... CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33713 TITLE Delete TITI F ☐ Change X Addition NAME NAME Ron Ladd STREET ADDRESS STREET ADDRESS 8555 125th Court Novi CITY-ST-ZIP CITY-ST-ZIP Seminole, FL 33776 TITLE Delete TITLE ☐ Change 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 wij an address, with all other like empowered.

SIGNATURE:

David L. Troup