

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90108 035 \*\*\*\*61.25

**DOCUMENT # N96000005092**

1. Entity Name

**THE SUNCOAST DIVING BOOSTER CLUB, INC.**



Principal Place of Business

% CITY OF LARGO SOUTHWEST COMPLEX  
13120 VONN ROAD  
LARGO FL 34644

Mailing Address

PO BOX 8764  
SEMINOLE FL 33775

ADDRESS  
CHANGE

2. Principal Place of Business

3. Mailing Address

PO Box 548

Suite, Apt. #, etc.

LARGO, FL

City & State

Suite, Apt. #, etc.

City & State

Zip

33774

Country

Zip

33779

Country

USA

6. Name and Address of Current Registered Agent

PECKNAM, MARLYN  
259 TEMPLE LANE  
BELLAIR BLUFFS FL 33720

7. Name and Address of New Registered Agent

Name ANTHONY PERRIELLO

Street Address (P.O. Box Number is Not Acceptable)

2791 56TH LN N

City

ST PETERSBURG

FL

Zip Code

33710

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Anthony Perriello* ANTHONY PERRIELLO (PRESIDENT + DIRECTOR)

2/19/03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOUGHTERY, ANN	
STREET ADDRESS	10543 HETRICK CIR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TILBROOK, WAYNE	
STREET ADDRESS	10664 92ND ST N	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, JENNIFER	
STREET ADDRESS	11951 107TH AVE N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECKNAM, MARLYN	
STREET ADDRESS	259 TEMPLE LANE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY PERRIELLO	
STREET ADDRESS	PO BOX 548	
CITY-ST-ZIP	LARGO, FL 33779	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERROD MILLS	
STREET ADDRESS	2791 56TH LANE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE TILBROOK	
STREET ADDRESS	10664 92ND ST N	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Anthony Perriello* ANTHONY PERRIELLO

2/19/03

(727)595-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (10/02)