

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90037 041 ****61.25

DOCUMENT # N97000000896

1. Entity Name

DAYTONA BEACH DIVE CLUB, INC.

Principal Place of Business

Mailing Address

125 N. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114

125 N. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114-3258

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 N. Ridgewood Ave

Suite, Apt. #, etc.

2nd FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Address

125 N. Ridgewood Ave

Suite, Apt. #, etc.

2nd FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

4. FEI Number

59-3454902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, LAURENCE H ESQ.
 125 N. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

125 N. Ridgewood Ave., 2nd FL

City

FL

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

FILE NOW:
FEES 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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS COMPTON, ANTHONY
 CITY-ST-ZIP 213 FARMBROOK ROAD
 PORT ORANGE FL 32127

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS PENNELL, CLARK
 CITY-ST-ZIP 970 DEER SPRINGS RD.
 PORT-ORANGE FL-32119

TITLE ☒ Delete
 NAME DS
 STREET ADDRESS MILLER, VERA
 CITY-ST-ZIP 65 COQUINA RIDGEWAY
 ORMOND BEACH FL 32174

TITLE ☐ Delete
 NAME DT
 STREET ADDRESS HOLMES, FRED
 CITY-ST-ZIP 633 DEVON STREET
 PORT ORANGE FL 32127

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME DS
 STREET ADDRESS Whyte, Norman
 CITY-ST-ZIP 1115 Mediation Loop
 Port Orange, FL 32119

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Compton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Compton

2/18/00

904-271-3310

Date

Daytime Phone #

CR2E037 (9/99)