2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900000792 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** ATLANTIC DIVING TEAM BOOSTER CLUB, INC. 03-04-2000 90037 013 ****70.00 Principal Place of Business Mailing Address 12451 CLEAR FALLS DR. 12451 CLEAR FALLS DR. **BOCA RATON FL 33428-4847** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address 21814 Rainberry Park Circle 11814 Rainberry Park Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 65-0829670 Applied For City & State City & State oca Raton Boca Rator Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TARANTINO, ANTHONY 21814 RAINBERRY PARK CIRCLE **BOCA RATON FL 33428** 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition **⊠** Delete TITLE RON ALPORT 12451 Clearfalls Drive Anthony TARANTINO NAME NAME 21814 Rainberry Park Circle STREET ADDRESS STREET ADDRESS Boca Raton, Fl 33428 CITY-ST-7IP Boca Raton, Fl 33428 CITY-ST-7IP □ Change TITLE TITLE Dabbie Liebernan Anthony TARANTINO NAME NAME 21814 Rainberry Park Circle 22161 MArtella Aue STREET ADDRESS STREET ADDRESS Boca Raton, Fl 33428 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete ... TITLE CArol Kosova NAME NAME 768 PAlmetto Park Rd 4100 NW 25th WAY STREET ADDRESS STREET ADDRESS BOCA RATON, CITY-ST-ZIP Boca Raton, Fl CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete Vig Dreker NAME NAME STREET ADDRESS NW 6th Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boca RATON, F/ 33432 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change 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:

SIGNATURE AND FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date