

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90029 020 ****70.25

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1. Entity Name

ATLANTIC DIVING TEAM BOOSTER CLUB, INC.



Principal Place of Business

21814 RAINBERRY PARK CIR
BOCA RATON FL 33428

Mailing Address

21814 RAINBERRY PARK CIR
BOCA RATON FL 33428

65064601



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0829670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARANTINO, ANTHONY
21814 RAINBERRY PARK CIRCLE
BOCA RATON FL 33428

Name

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

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

SIGNATURE

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
Due By May 1, 2004

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 SD ☐ Delete
NAME LEMBECK, LAURA
STREET ADDRESS 21932 TOWN PLACE DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE PD ☐ Delete
NAME TARANTINO, ANTHONY
STREET ADDRESS 21814 RAINBERRY PARK CIR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VD ☐ Delete
NAME ALBERTY, OSUALDO
STREET ADDRESS 400-SW 68 TERRACE
CITY-ST-ZIP MARGATE FL 33068

TITLE TD ☐ Delete
NAME ALBERTY, ORLANDO
STREET ADDRESS 400 SW 68 TERRACE
CITY-ST-ZIP MARGATE FL 33068

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
STREET ADDRESS
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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 D. Tarantino* **Anthony D. Tarantino** 3/16/04 561-402-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #