


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

FILED  
03 SEP 22 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>N99000005002</b>	
1. Entity Name <b>Southern Extreme Water Ski Team, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>118 Willowick Dr</b>	3. Mailing Address <b>118 Willowick Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

200023364672  
03/26/03--01066--010 \*\*\$1.25

DO NOT WRITE IN THIS SPACE

City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>	4. FEI Number <b>59-3596722</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34110</b>	Country <b>USA</b>	Zip <b>34110</b>	Country <b>USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name **DAVID Reinertsen**  
Street Address (P.O. Box Number is Not Acceptable)  
**118 Willowick Dr**  
City **NAPLES** FL Zip Code **34110**

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 **David Reinertsen** DATE **9-15-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Reinertsen David</b> <b>118 Willowick Dr</b> <b>NAPLES FL 34110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Engeldinger, Chad</b> <b>21629 Windham Run</b> <b>Esteros FL 33928</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Shenk, Jeff</b> <b>899 Coldstream Ct</b> <b>NAPLES, FL 34104</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Spack, Jean</b> <b>22482 Fountain Lakes Dr</b> <b>Esteros FL 33928</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Higgs, Anthony</b> <b>20857 Pinchurst Greens Dr</b> <b>Esteros FL 33928</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David Reinertsen** DATE **9-15-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037B (12/02)