2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # N9900005429 1. Entity Name SWIM AND DIVE BOOSTERS OF DUNEDIN HIGH SCHOOL, I 08-31-2000 90003 021 ****61.25 Principal Place of Business Mailing Address 1651 PINEHURST RD. 1651 PINEHURST RD. **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$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 Gauzens Street Address (P.O. Box Number is Not Acceptable) JOHNSON, KYLE ROYAL DAK DR C/O DUNEDIN HIGH SCHOOL 1651 PINEHURST RD. City DUNEDIN DUNEDIN FL-34698 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete ☐ Change TITLE Director TITLE Kuestner, Marilynne 1050 Fox Hollow RUN Dunedin, FL, 34698 KIELICH, LANCE NAME NAME STREET ADDRESS STREET ADDRESS 1024 MCLEAN ST. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Delete TITI F ☐ Addition TITI F NAME GAUZENS, ALAN NAME 1271 ROYAL OAK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ **DUNEDIN FL 34698** Delete Director ☐ Change Addition TITLE TITLE Argeres, Maryann 2365 Clark Cameron Dr. PEREZ. MELONY NAME NAME STREET ADDRESS STREET ADDRESS 1322 AMBERLEA CT. E. CITY-ST-ZIP CITY-ST-7IP **DUNEDIN FL 34698** Dunedin, Fl. 34698 Director Addition ☐ Change TITLE ☐ Delete DITE Demers, Jan 1875 Lá Grande Dr. Dunedin, Fl. 34698 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

SIGNATURE: