

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021247

1. Entity Name

JACKSONVILLE SCUBANAUTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90221 004 ***150.00

Principal Place of Business

Mailing Address

4203 TAHNEE CT.
JACKSONVILLE FL 32223

P.O. BOX 43370
JACKSONVILLE FL 32203-3370

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 **59-3170553**

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

SCHLEISSING, DIANE
4203 TAHNEE CT.
JACKSONVILLE FL 32223

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KRUSE, JOHN D	10105 COURTYARDS PLACE W	JACKSONVILLE FL 32256	<input type="checkbox"/>
VP	BOMAR, TOM	100 BOARDWALK DR #826	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
T	DAVIS, MARY J	137 ABACO WAY	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
PP	MCANAMY, MARIA	3947 PINE BREEZE RD. S	JACKSONVILLE FL 32257	<input type="checkbox"/>
T	BARNES, MARGARET	10421 BISCAYNE BLVD.	JACKSONVILLE FL 32218	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Bomar, Tom	100 Boardwalk Dr. #826	Ponte Vedra Bch, FL 32082	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	McAnamy, Maria	3947 Pine Breeze Rd S.	Jacksonville, FL 32257	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sec	Stoffel, Phyllis	1743 Lisa Ave	Fernandina Bch, FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Barnes, Margaret	10421 Biscayne Blvd	Jacksonville FL 32218	<input type="checkbox"/>	<input type="checkbox"/>
PP	Kruse, John	10105 Courtyards Pl W	Jacksonville 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)