

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064895

1. Entity Name

DIVING SAFARIS DE COSTA RICA, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90014 016 \*\*\*150.00

Principal Place of Business

Mailing Address

3556 EGRET DR  
MELBOURNE FL 32901  
US

3556 EGRET DR  
MELBOURNE FL 32901-8152  
US

2. Principal Place of Business

3. Mailing Address

800 43<sup>rd</sup> AVE. N.

800 43<sup>rd</sup> AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. PETERSBURG, FL

ST. PETERSBURG, FL

City & State

City & State

Zip  
33703

Country  
USA

Zip  
33703

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, NADINE K  
3556 EGRET DR  
MELBOURNE FL 32901

Name  
SAME

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

800 43<sup>rd</sup> AVE. N.

City  
ST. PETERSBURG, FL

Zip Code  
33703

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 *Nadine K Beard*

03-20-2000

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  
PSD  
BEARD, NADINE K.  
3556 EGRET DR  
MELBOURNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAME  
800 43<sup>rd</sup> AVE. N.  
ST. PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
BEARD, WILLIAM V  
3556 EGRET DR  
MELBOURNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAME  
800 43<sup>rd</sup> AVE. N.  
ST. PETERSBURG, FL 33703

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Nadine K Beard*

03/20/2000

3/20/2000 727-521-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)