

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066738

1. Entity Name

INLAND DIVE & CHARTER, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90041 017 \*\*\*150.00

Principal Place of Business

7567 ST. ANDREWS BLVD.  
BROOKSVILLE FL 34613

Mailing Address

7567 ST. ANDREWS BLVD.  
BROOKSVILLE FL 34613-5108

2. Principal Place of Business

267 NW 3<sup>rd</sup> St

3. Mailing Address

PO Box 1349

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

Crystal River FL

4. FEI Number

59-3596742

Applied For

Not Applicable

Zip

Country

34428

USA

Zip

Country

34423

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOTTIEB & GOTTIEB, P.A.  
ATTORNEYS & COUNSELORS AT LAW, 2475 ENTERPR  
ISE RD., STE. 100  
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME KNAUSS, EDWARD J  
STREET ADDRESS 7567 ST. ANDREWS BLVD.  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Delete  
NAME CONKLIN, VICTORIA  
STREET ADDRESS 6252 COMMERCIAL WAY, PMB 215  
CITY-ST-ZIP WEEKI WACH FL 34613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS PO Box 1349  
CITY-ST-ZIP Crystal River FL 34423

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352  
2-14-00 597-2306

CR2E034 (9/99)