

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 008 \*\*\*\*61.25

0021849

**DOCUMENT # N00000003820**

1. Entity Name

**DIAMOND WATER SKI SHOW TEAM, INC.**

Principal Place of Business

329 SEMINOLA BLVD.  
 CASSELBERRY FL 32707

Mailing Address

329 SEMINOLA BLVD.  
 CASSELBERRY FL 32707

CUU72343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3675779

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLAIS, ROBIN  
 329 SEMINOLA BLVD.  
 CASSELBERRY FL 32707

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

*Robin Blais Boring*

Robin Blais-Boring

6/23/01 407-696-5684

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME BEYER, TWILA  
 STREET ADDRESS 6375 TOPSY TRAIL  
 CITY-ST-ZIP ST. CLOUD FL 34771

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME STANFLEY, CHARLES  
 STREET ADDRESS 8125 BLUESTAR CIRCLE  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE  Change  Addition  
 NAME *Mike Tenda*  
 STREET ADDRESS *832 Camargo Way #307*  
 CITY-ST-ZIP *Altamonte Springs, FL 32714*

TITLE SD  Delete  
 NAME BLAIS-BORING, ROBIN  
 STREET ADDRESS 329 SEMINOLA BLVD.  
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME STANFLEY, DEBBIE  
 STREET ADDRESS 8125 BLUESTAR CIRCLE  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE  Change  Addition  
 NAME *TD BEYER, ROBIN*  
 STREET ADDRESS *6375 Topsy Trail*  
 CITY-ST-ZIP *St. Cloud, FL 34771*

TITLE D  Delete  
 NAME BLAIS, PAUL  
 STREET ADDRESS 329 SEMINOLA BLVD. E  
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME MOUNTFORD, MIKE  
 STREET ADDRESS 1003 CANDLEBERRY RD.  
 CITY-ST-ZIP ORLANDO FL 32825

TITLE  Change  Addition  
 NAME *Drew Bianco*  
 STREET ADDRESS *4588 Lighthouse Circle*  
 CITY-ST-ZIP *Orlando, FL 32808*

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

SIGNATURE: *Twila Beyer* TWILA BEYER 6/23/01 407-891-9911

CR2E037 (10/00)