

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90340 023 ****70.00

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DOCUMENT # N00000003820

1. Entity Name

DIAMOND WATER SKI SHOW TEAM, INC.

Principal Place of Business

Mailing Address

**329 SEMINOLA BLVD.
 CASSELBERRY FL 32707**

**329 SEMINOLA BLVD.
 CASSELBERRY FL 32707**

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**



DO NOT WRITE IN THIS SPACE

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

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

DI
 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 **PD** Change Addition
 NAME **TENDA, MIKE**
 STREET ADDRESS **832 CAMARGO WAY, #307**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **VD** Delete
 NAME **TENDA, MIKE**
 STREET ADDRESS **832 CAMARGO WAY, #307**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VD** Change Addition
 NAME **GLEN DONOHUE**
 STREET ADDRESS **3065 S. FRANKCREEK AVE**
 CITY-ST-ZIP **ORLANDO, FL 32701**

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 **BEYER, RON**
 STREET ADDRESS **6375 TOPSY TRAIL**
 CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE **TD** Change Addition
 NAME **LAUREL GIBSON**
 STREET ADDRESS **701 PADGETT CT.**
 CITY-ST-ZIP **ORLANDO, FL 32839**

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 **BRUNCO, DREW**
 STREET ADDRESS **44508 LIGHT HOUSE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** Change Addition
 NAME **DAVID GIBSON**
 STREET ADDRESS **701 PADGETT CT**
 CITY-ST-ZIP **ORLANDO, FL 32839**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 407-696-9844

Date

Daytime Phone #

CR2E037 (9/01)