

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707538

1. Entity Name

DIAMONDHEAD, INC., A CONDOMINIUM

Principal Place of Business

1057 A-1-A HIGHWAY
HILLSBORO BEACH FLA 33062

Mailing Address

1057 A-1-A HIGHWAY
HILLSBORO BEACH FLA 33062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1112185

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENEZES, C. EDWARD
1057 HILLSBORO MILE
HILLSBORO BEACH FL 33062

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

C. Edward Menezes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/01

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

TITLE D
NAME ROIG, GLORIA
STREET ADDRESS 1057 HILLSBORO MILE, #322
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☐ Delete

TITLE D
NAME HEIDEMAN, PAUL J.
STREET ADDRESS 1057 HILLSBORO MILE, #322
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☐ Delete

TITLE D
NAME MORRISON, E B
STREET ADDRESS 1057 HILLSBORO MILE, #824
CITY-ST-ZIP HILLSBORO BCH FL 33062 ☐ Delete

TITLE S
NAME BRANSFIELD, CHRIS
STREET ADDRESS 1057 HILLSBORO MILE, #914
CITY-ST-ZIP HILLSBORO BCH FL 33062 ☐ Delete

TITLE T
NAME OBEREINER, JOHN
STREET ADDRESS 1057 HILLSBORO MILE, #621
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☐ Delete

TITLE P
NAME EISELE, ANDY
STREET ADDRESS 1057 HILLSBOROUGH MILE #212
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

C. Edward Menezes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01 954 943
Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90033 023 ****61.25

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DO NOT WRITE IN THIS SPACE

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