

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/11

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90004 021 \*\*\*150.00

**DOCUMENT # H97698**

1. Entity Name

**QUAIL RIDGE DIVERSIFIED, INC.**

Principal Place of Business

% JOHN R. GOELZ  
 3583 QUAIL RIDGE  
 BOYNTON BEACH FL 33436

Mailing Address

% JOHN R. GOELZ  
 3583 QUAIL RIDGE  
 BOYNTON BEACH FL 33436-5422

2. Principal Place of Business

*Same as above*

Suite, Apt. #, etc.

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3438757**

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

GOELZ, JOHN R.  
 3583 QUAIL RIDGE  
 BOYNTON BEACH FL 33436

*name of corp changed to current agent*

7. Name and Address of New Registered Agent

Name: *Quail Ridge Diversified Inc*  
 Street Address (P.O. Box Number is Not Acceptable): *2583 Quail Ridge*  
*Boynton Beach FL*  
 City: *Boynton Beach* FL Zip Code: *33436*

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 *John R. Goelz md.*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOELZ, JOHN R.</b>	
STREET ADDRESS	<b>3583 QUAIL RIDGE DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOELZ, ROBERT</b>	
STREET ADDRESS	<b>1765 CARRIAGE CT.</b>	
CITY-ST-ZIP	<b>GREEN BAY WI</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GOELZ, RICHARD</b>	
STREET ADDRESS	<b>2325 HARMEL ROAD</b>	
CITY-ST-ZIP	<b>HARMEL MN</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John R. Goelz md.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Goelz*

Date *2/17/00*

Daytime Phone *563 737 0481*

CR2E034 (9/98)