

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90322 005 \*\*\*150.00

0567846

**DOCUMENT # K81157**

1. Entity Name  
**DIVERS RESOURCES, INC.**

Principal Place of Business

Mailing Address

**2898 DATE PALM ROAD  
 BOCA RATON FL 33432**

**C/O FLYNN ENTERPRISES  
 676 N. MICHIGAN AVE. #4000  
 CHICAGO IL 60611**

**721096**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1334 SE 17<sup>th</sup> Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

4. FEI Number **65-0121752**

Applied For

Not Applicable

Zip

**33316**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, DONALD</b>	
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, BEVERLY</b>	
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, KEVIN</b>	
STREET ADDRESS	<b>676 N. MICHIGAN AVE- STE 4000</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, BRIAN</b>	
STREET ADDRESS	<b>676 N. MICHIGAN AVE- STE 4000</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SPERANDEO, YVONNE</b>	
STREET ADDRESS	<b>202 N. JACKSON</b>	
CITY-ST-ZIP	<b>CLARENDON HILLS IL 60514</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>SKIBICKI, KEITH</b>	
STREET ADDRESS	<b>511 N. GRANT</b>	
CITY-ST-ZIP	<b>HINSDALE IL 60521</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Audra M. Conforti/Audra m. Conforti 2-20-01 312-280-3722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)