

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005189**

1. Entity Name

DIAMOND BOOSTERS, INC.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90056 035 ****61.25

0077238

Principal Place of Business

119 C CORPORATION WAY
VENICE FL 34292

Mailing Address

P.O. BOX 102
VENICE FL 34284
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0781987

Applied For

Not Applicable

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

HUGHEY, ARNOLD W JR.
119 C CORPORATION WAY
VENICE FL 34292

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D BRITTON, ANDREW J 245 N. TAMiami TRAIL STE. A VENICE FL 34285	☐		☐
V HUGHEY, ARNOLD W JR. 119 C CORPORATION WAY VENICE FL 34292	☒		☐
D BALL, GARY 805 CONNEMARA CIRCLE VENICE FL 34292	☐		☐
D CURCIO, RICHARD 871 VENETIA BAY BLVD, STE 370 VENICE FL 34292	☐		☐
D SHIPPS, PETER 1831 S TAMiami TR VENICE FL 34293	☐		☐
D FAULKNER, CRAIG 3081 ENGLEWOOD RD VENICE FL 34292	☐		☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA KOEHLER, TREASURER 3/26/01 408-8001

Date

Daytime Phone #

CR2E037 (10/00)