# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
02-08-2002 90015 048 ****61.25

DOCUMENT # N97000005189

1. Entity Name

DIAMOND BOOSTERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 119 C CORPORATION WAY<br>VENICE FL 34292 | P.O. BOX 102<br>VENICE FL 34284<br>US |

DO NOT WRITE IN THIS SPACE

| 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.<br>119 C CORPORATION WAY<br>VENICE FL 34292 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: _____ (registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRITTON, ANDREW J<br>245 N. TAMIAMI TRAIL STE. A<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BALL, GARY<br>805 CONNEMARA CIRCLE<br>VENICE FL 34292 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Hughey, ARNOLD W. JR<br>119C CORPORATION WAY DIRECTOR<br>VENICE FL 34292<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CURCIO, RICHARD<br>871 VENETIA BAY BLVD, STE 370<br>VENICE FL 34292 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHIPPS, PETER<br>1831 S TAMIAMI TR<br>VENICE FL 34293 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FAULKNER, CRAIG<br>3081 ENGLEWOOD RD<br>VENICE FL 34292 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** _____ ANGELA KOEHLER, TREASURER 1/25/02 (941)408-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #