

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90099 032 \*\*\*150.00

**DOCUMENT # P99000063427**

1. Entity Name  
**DIVERSIFIED CALEDONIA, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>P.O. BOX 1355<br>BOCA GRANDE FL 33921 | Mailing Address<br>P.O. BOX 1355<br>BOCA GRANDE FL 33921-1355 |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>981 RIDGEWOOD AVENUE</b><br>Suite, Apt. #, etc.<br><b>SUITE 105</b><br>City & State<br><b>VENICE FLORIDA</b><br>Zip<br><b>34292</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>981 RIDGEWOOD AVENUE</b><br>Suite, Apt. #, etc.<br><b>SUITE 105</b><br>City & State<br><b>VENICE FLORIDA</b><br>Zip<br><b>34292</b> Country<br><b>USA</b> |
|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0935848</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BETTERTON, GREG A**  
**909 S. TAMiami TRAIL**  
**NOKOMIS FL 34275**

**7. Name and Address of New Registered Agent**

|   |
|---|
| Name<br><b>GREG A. BETTERTON</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>981 RIDGEWOOD AVENUE SUITE 101</b> |
| City<br><b>VENICE</b> FL Zip Code<br><b>34292</b>   |

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, 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>KELLEY, BRAD</b><br><b>1600 LEAN LAFITTE DRIVE</b><br><b>BOCA GRANDE FL 33921</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>KELLEY, BRAD</b><br><b>1600 JEAN LAFITTE DRIVE</b><br><b>BOCA GRANDE FL 33921</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/2000**  
Date

**(941) 488-4422**  
Daytime Phone #

CF 04-01611