

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90119 013 \*\*\*150.00

**DOCUMENT # S76852**

1. Entity Name

**POLARIS ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

~~510 S. LAKE DR.  
 SUITE A  
 CLEARWATER FL 31616  
 US~~

~~P.O. BOX 5086  
 CLEARWATER FL 33759-2545  
 US~~

2. Principal Place of Business

**2915 S.R. 590**

3. Mailing Address

**2915 S.R. 590**

Suite, Apt. #, etc.

**SUITE 17**

Suite, Apt. #, etc.

**SUITE 17**

City & State

**CLEARWATER FL**

City & State

**CLEARWATER FL**

4. FEI Number

**59-3085869**

Applied For

Not Applicable

Zip

**33759**

Country

**USA**

Zip

**33759**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIEHL, JOHN O.  
 1419 EASTFIELD DR  
 CLEARWATER FL 34624**

7. Name and Address of New Registered Agent

Name **N/A**  
 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.

**N/A**

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIEHL, JOHN O.	
STREET ADDRESS	1419 EASTFIELD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FERRANS, DANIEL D.	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	PALM HARBOR FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN H. RIZZUTO	
STREET ADDRESS	2025 HOLIDAY DR	
CITY-ST-ZIP	HOLIDAY, FL. 34691	
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		
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		

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:

**DANIEL D. FERRANS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-00**  
 Date

**727-669-0522**  
 Daytime Phone #

CR2E034 (9/99)