

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506196

1. Entity Name

DIEFFENWIERTH GROVES, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90044 030 \*\*\*150.00

Principal Place of Business

4535 3RD AVE. N.W.  
NAPLES FL 34119

Mailing Address

4535 3RD AVE. N.W.  
NAPLES FL 34119-2605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1650161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIEFFENWIERTH, FRANK J.  
4535 3RD AVENUE, N.W.  
NAPLES FL 34119

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

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	D	<input type="checkbox"/> Delete
NAME	BAILEY, MARILYN A.	
STREET ADDRESS	2001 SOUTH SANFORD AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEFFENWIERTH, FRANK J	
STREET ADDRESS	4535 THIRD AVE, NW	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWEN, MARTHELLE D	
STREET ADDRESS	6082 113TH AVENUE, N.	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIEFFENWIERTH, MARY M	
STREET ADDRESS	9051 BIG STAR AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COBB, NONA	
STREET ADDRESS	346 STUART CIR	
CITY-ST-ZIP	LAKE JUNALUSKA NC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIEFFENWIERTH, T. F. JR.	
STREET ADDRESS	61 WHITE MOUNTAIN RD.	
CITY-ST-ZIP	WAYNESVILLE, NC 00000	

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	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. DIEFFENWIERTH, 2-11-00

Date

Daytime Phone #

941-455-2437

CR2E034 (9/99)