

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 506196**

1. Entity Name

**DIEFFENWIERTH GROVES, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-1650161**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****DIEFFENWIERTH, FRANK J.  
4535 3RD AVENUE, N.W.  
NAPLES FL 34119****7. Name and Address of New Registered Agent**

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, 2001 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**TITLE **D** ☐ Delete  
NAME **BAILEY, MARILYN A.**  
STREET ADDRESS **2001 SOUTH SANFORD AVE.**  
CITY-ST-ZIP **SANFORD FL**TITLE **D** ☐ Delete  
NAME **DIEFFENWIERTH, FRANK J**  
STREET ADDRESS **4535 THIRD AVE, NW**  
CITY-ST-ZIP **NAPLES, FL 00000**TITLE **D** ☐ Delete  
NAME **LOWEN, MARTHELLE D**  
STREET ADDRESS **6082 113TH AVENUE, N.**  
CITY-ST-ZIP **PINELLAS PARK, FL 00000**TITLE **VD** ☐ Delete  
NAME **DIEFFENWIERTH, MARY M**  
STREET ADDRESS **9051 BIG STAR AVENUE**  
CITY-ST-ZIP **ENGLEWOOD FL**TITLE **TD** ☐ Delete  
NAME **COBB, NONA**  
STREET ADDRESS **346 STUART CIR**  
CITY-ST-ZIP **LAKE JUNALUSKA NC**TITLE **SD** ☐ Delete  
NAME **DIEFFENWIERTH, T. F. JR.**  
STREET ADDRESS **61 WHITE MOUNTAIN RD.**  
CITY-ST-ZIP **WAYNESVILLE, NC 00000****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32771**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34119**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33782**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34224**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **28745**TITLE ☒ Change ☐ Addition  
NAME **ESTHER H. DIEFFENWIERTH**  
STREET ADDRESS **1251 WATERBURY LOOP**  
CITY-ST-ZIP **LUTZ, FL 33549**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. **FRANK J. DIEFFENWIERTH**SIGNATURE: *Frank J. Dieffenwerth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 5, 2001 941-455-2437**

Date

Daytime Phone #

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90125 032 \*\*\*150.00

**C0044019**

DO NOT WRITE IN THIS SPACE

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