

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771214

1. Entity Name

DIAMOND SHORES, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90060 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

100 WOODLAKE CIRCLE  
NAPLES FL 34114  
US

C/O W.D. KRAMER  
1838 40TH TERRACE S.W.  
NAPLES FL 34116-6016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560240

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

KRAMER, WILLIAM D  
1838 40TH TERRACE S.W.  
NAPLES FL 34116

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

FILE NOW:  
FEES 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 S ☒ Delete  
NAME STEINBERG, DAVID  
STREET ADDRESS 2854 BECCA AVE  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☒ Change ☒ Addition  
NAME ALVES, CHARLES  
STREET ADDRESS 204 BREAN  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CHIORANDO, GEORGE  
STREET ADDRESS 645 FAIRWOOD FOREST DR  
CITY-ST-ZIP CLEARWATER FL

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2972 DREW ST., Apt 810  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TYSON, WILLIAM J.  
STREET ADDRESS 732 HERNANDO DR  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ Change ☒ Addition  
NAME MCGHEE, JAMES  
STREET ADDRESS 16101 S. LARAMIE AVE  
CITY-ST-ZIP OAK FOREST, IL 60452

TITLE PD ☐ Delete  
NAME BOTTINO, ALFONZO  
STREET ADDRESS 1646 FIRST AVE., APT. #18G  
CITY-ST-ZIP NEW YORK NY

TITLE ☒ Change ☐ Addition  
NAME BOTTINO, ALFONSE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME FERNANDEZ, RUTH  
STREET ADDRESS 326 CEREUS DR  
CITY-ST-ZIP NAPLES FL 34114

TITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOTTINO, ANGELA  
STREET ADDRESS 39 CHUCK BLVD  
CITY-ST-ZIP NORTH BABYLON NY 11703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

CHARLES ALVES  
VICE PRESIDENT

04-10-00

941-774-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)