

2000 UNIFORM BUSINESS REPORT (UBR)

0002350 AF

DOCUMENT # A95000001993

1. Entity Name

DIAMOND RIDGE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 11:02

Principal Place of Business

501 GOODLETTE RD., SUITE B-201
NAPLES FL 34102

Mailing Address

501 GOODLETTE RD., SUITE B-201
NAPLES FL 34102

2. Principal Place of Business

501 Goodlette Rd

3. Mailing Address

501 Goodlette Rd

Suite, Apt. #, etc.

A-204

Suite, Apt. #, etc.

A-204

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

US

Zip

34102

Country

US

4. FEI Number

65-0630479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINELLA, CARMEN

501 GOODLETTE RD., A204

NAPLES FL 34102

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. Capital Contributions

as Shown on record:

\$12,600,000.00

10. Amount of Capital Contributions

in FLORIDA to date:

1,500,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

L95000000982

NAME

DIAMOND RIDGE, L.C.

STREET ADDRESS

201 MURFIELD CIRCLE

CITY-ST-ZIP

NAPLES FL 33962

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-26-2000

Date

Daytime Phone #

CR2E003 (5/00)