

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007401 AF

**DOCUMENT # A97000002109**

1. Entity Name  
**DIVER I, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**% DIVER MANAGEMENT, INC.  
4300 CATALFUMO WAY  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**% DIVER MANAGEMENT, INC.  
4300 CATALFUMO WAY  
PALM BEACH GARDENS FL 33410-4248**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0783315**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DIVER MANAGEMENT, INC.  
4300 CATALFUMO WAY  
PALM BEACH GARDENS FL 33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000066279 DIVER MANAGEMENT, NC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410</b>	STREET ADDRESS CITY - ST - ZIP	<b>600003263876---3 -05/23/00--01082--018 *****8.75 *****8.75</b>
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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**  
*Daniel S. Catalfumo*

4/21/00 561-684-3000  
Date Daytime Phone #

CR2E003 (9/99)