

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005434

1. Entity Name

DIPLOMAT RESORT PROPERTIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90014 004 ***150.00

Principal Place of Business

Mailing Address

901 MASSACHUSETTS AVE, NW
WASHINGTON DC 20001

901 MASSACHUSETTS AVE, NW
WASHINGTON DC 20001

2. Principal Place of Business

601 Pennsylvania Avenue

3. Mailing Address

601 Pennsylvania Avenue

Suite, Apt. #, etc.

Suite 900, South Bldg.

Suite, Apt. #, etc.

Suite 900, South Bldg.

City & State

Washington, DC

City & State

Washington, DC

Zip

20004

Country

USA

Zip

20004

Country

USA

4. FEI Number

52-2056797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

TITLE CP ☒ Delete
NAME MADDALONI, MARTIN J
STREET ADDRESS 901 MASSACHUSETTS AVE., NW
CITY-ST-ZIP WASHINGTON DC 20001

TITLE V ☒ Delete
NAME PATCHELL, THOMAS H
STREET ADDRESS 901 MASSACHUSETTS AVE., NW
CITY-ST-ZIP WASHINGTON DC 20001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Hennessy, Ellen A.
STREET ADDRESS ASA - 270 Davidson Avenue
CITY-ST-ZIP Somerset, NJ 08873

TITLE Treasurer ☐ Change ☒ Addition
NAME John J. Miller
STREET ADDRESS ASA - 270 Davidson Avenue
CITY-ST-ZIP Somerset, NJ 08873

TITLE General Counsel & Secretary ☒ Addition
NAME Clarin S. Schwartz
STREET ADDRESS ASA - 270 Davidson Avenue
CITY-ST-ZIP Somerset, NJ 08873

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: Clarin S. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #