

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003997

1. Entity Name

DIVERSIFIED INVESTMENTS - GLEN ELLEN, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90131 015 \*\*\*150.00

Principal Place of Business

Mailing Address

4340 EAST WEST HIGHWAY, STE 206  
 BETHESDA MD 20814

4340 EAST WEST HIGHWAY, STE 206  
 BETHESDA MD 20814-4411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2091828

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name  
 Diversified Investments

Street Address (P.O. Box Number is Not Acceptable)  
 28488 U.S. Highway 19 North

City  
 Clearwater, FL Zip Code  
 33761

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME  
 CD  
 HAASE, BARRY L  
 STREET ADDRESS  
 4340 EAST WEST HWY, STE 206  
 CITY-ST-ZIP  
 BETHESDA MD

TITLE ☐ Delete

NAME  
 PD  
 MOREAU, PHILIP S  
 STREET ADDRESS  
 4340 EAST WEST HWY, STE 206  
 CITY-ST-ZIP  
 BETHESDA MD

TITLE ☐ Delete

NAME  
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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:

*Gayle Benson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gayle Benson

4/27/00

Date

(916) 727-0017

Daytime Phone #

CR2E034 (9/99)