

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003250

1. Entity Name

DIAMOND LENDERS GROUP CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90945 045 ***150.00

Principal Place of Business

4691 SCOUT RIDGE ROAD
 CANNON FALLS MN 55009

Mailing Address

4691 SCOUT RIDGE ROAD
 CANNON FALLS MN 55009-7146

2. Principal Place of Business

3. Mailing Address

~~7801 Metro Parkway~~
 Suite, Apt. #, etc.
 300

~~7801 Metro Parkway~~
 Suite, Apt. #, etc.
 300

City & State

Minneapolis, MN

Zip Country

55425 Hennepin

City & State

Minneapolis, MN

Zip Country

55425 Hennepin

4. FEI Number

41-1938492

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

WILLIAMS, KAY
 10613 HIGHWAY 92 EAST
 TAMPA FL 33610

Name Compliance Consulting Corp of FL

Street Address (P.O. Box Number is Not Acceptable)

407 S Dixie HWY Suite 5

City

Lake Worth

FL

Zip Code

33460

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 PC
 NAME ROBERTS, KENNETH S
 STREET ADDRESS 4691 SCOUT RIDGE ROAD
 CITY-ST-ZIP CANNON FALLS MN 55009 ☐ Delete

TITLE PL
 NAME Roberts, Kenneth S
 STREET ADDRESS 7801 Metro PKwy
 CITY-ST-ZIP mpls mn 55425 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE Ex V/T/S
 NAME Kathie Williams
 STREET ADDRESS 7801 Metro PKWY #300
 CITY-ST-ZIP MPLS, MN 55425 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE SrV
 NAME Mike Doyle
 STREET ADDRESS 7801 Metro PKWY #300
 CITY-ST-ZIP MPLS, MN 55425 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Kenneth S. Roberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

628 854-8100

Daytime Phone #

CR2E034 (9/99)