

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003300

1. Entity Name

BLACK DIAMOND CAPITAL CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90065 007 ***150.00

0575482

Principal Place of Business
3411 SILVERSIDE ROAD
100 HAGLEY BLDG
WILMINGTON DE 19810

Mailing Address
3411 SILVERSIDE ROAD
100 HAGLEY BLDG
WILMINGTON DE 19810

000646

2. Principal Place of Business
3505 Silverside Road
Suite, Apt. #, etc.
206 Plaza Centre Building
City & State
Wilmington, DE
Zip
19810
Country
New Castle

3. Mailing Address
3505 Silverside Road
Suite, Apt. #, etc.
206 Plaza Centre Building
City & State
Wilmington, DE
Zip
19810
Country
New Castle



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3580205** 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 _____ (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, 2001 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	CPD	<input type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMAN, ROBERT		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, THOMAS E		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 2800		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, KIM P		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, DEANNA		NAME		
STREET ADDRESS	3411 SILVERSIDE ROAD 100 HAGLEY BLDG		STREET ADDRESS	3505 Silverside Road, 206 Plaza Centre Bldg.	
CITY-ST-ZIP	WILMINGTON DE 19810		CITY-ST-ZIP	Wilmington, DE 19810	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	SVP/T/Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTHWAITE, JOHN R		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

Deanna Voss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Voss

1/4/01

Date

302-479-4650

Daytime Phone #

CR2E034 (10/00)