

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G63408**

1. Entity Name
DIAMOND FERN, INC.

Principal Place of Business
**OLD US HIGHWAY 17 NORTH
P.O. BOX 202
CRESCENT CITY FL 32112**

Mailing Address
**OLD US HIGHWAY 17 NORTH
P.O. BOX 202
CRESCENT CITY FL 32112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3335931**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NEWBOLD, JOHN R. JR
RT 2 BOX 105
OLD HIGHWAY 17
CRESCENT CITY FL 32112**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** ☐ Delete
NAME **NEWBOLD, WILLIAM S III**
STREET ADDRESS **RT 2 BOX 960**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **S** ☐ Delete
NAME **AUSTIN, J K JR**
STREET ADDRESS **290 ORANGE COURT**
CITY-ST-ZIP **UMATILLA FL**

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

TITLE **TD** ☐ Delete
NAME **NEWBOLD, JOHN R JR.**
STREET ADDRESS **OLD HIGHWAY 17**
CITY-ST-ZIP **CRESCENT CITY FL**

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

TITLE **V** ☐ Delete
NAME **AUSTIN, LINDA T**
STREET ADDRESS **17725 WILLIS MCCALL RD.**
CITY-ST-ZIP **UMATILLA FL 32784**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: _____

SIGNATURE REQUIRED

1-04-02 386698-1024

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90005 016 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)