

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90037 046 ***150.00

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 AV

DOCUMENT # J75151

1. Entity Name

BLACK DIAMOND CONSTRUCTION, INC.

Principal Place of Business
2600 W. BLACK DIAMOND CIR
LECANTO FL 34461
US

Mailing Address
P.O. BOX 10000
CRYSTAL RIVER FL 34423
US

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

59-2787865

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

STILLWELL, CLARK A
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS FL 34450

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, 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
 NAME **DP** ☐ Delete
OLSEN, STANLEY C.
 STREET ADDRESS
 CITY-ST-ZIP **2600 W. BLACK DIAMOND CIR**
LECANTO FL

TITLE
 NAME **Executive Vice President** ☐ Change ☒ Addition
Lawrence A. Laukka
 STREET ADDRESS
 CITY-ST-ZIP **2600 W. Black Diamond Circle**
Lecanto, FL 34461

TITLE
 NAME **V** ☐ Delete
MCKERSIE, ROSS
 STREET ADDRESS
 CITY-ST-ZIP **2600 W BLACK DIAMOND CIR**
LECANTO FL

TITLE
 NAME **Assistant Treasurer** ☐ Change ☒ Addition
Frederick S. Richards
 STREET ADDRESS
 CITY-ST-ZIP **2600 W. Black Diamond Circle**
Lecanto, FL 34461

TITLE
 NAME **T** ☐ Delete
SELFIDGE, MELISSA J
 STREET ADDRESS
 CITY-ST-ZIP **2600 W BLACK DIAMOND CIR**
LECANTO FL

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

TITLE
 NAME **S** ☐ Delete
TAYLOR, MARINA
 STREET ADDRESS
 CITY-ST-ZIP **2600 W. BLACK DIAMOND CIR.**
LECANTO FL

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

TITLE
 NAME **V** ☐ Delete
OLSEN, ELIZABETH M
 STREET ADDRESS
 CITY-ST-ZIP **2600 W BLACK DIAMOND CIRCLE**
LECANTO FL 34461

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marina C. Taylor **Marina C. Taylor**

3/6/02 352-746-4000

CR2E034 (9/01)