

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81157

1. Entity Name

DIVERS RESOURCES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90118 028 ***150.00

Principal Place of Business

2898 DATE PALM ROAD
BOCA RATON FL 33432

Mailing Address

C/O FLYNN ENTERPRISES
676 N. MICHIGAN AVE. #4000
CHICAGO IL 60611-2895

00043113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0121752

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FLYNN, DONALD	2898 DATE PALM RD.	BOCA RATON FL				
D	FLYNN, BEVERLY	2898 DATE PALM RD.	BOCA RATON FL				
D	FLYNN, KEVIN	676 N. MICHIGAN AVE- STE 4000	CHICAGO IL 60611				
D	FLYNN, BRIAN	676 N. MICHIGAN AVE- STE 4000	CHICAGO IL 60611				
S	SPERANDEO, YVONNE	202 N. JACKSON	CLARENDON HILLS IL 60514				
VT	SKIBICKI, KEITH	511 N. GRANT	HINSDALE IL 60521				

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

Audra M. Conforti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-00 312-280-3700

CR2E034 (9/99)