

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90207 042 \*\*\*\*55.00

**DOCUMENT # LO1000001747**

1. Entity Name

**DIVERSITE INVESTMENT CLUB LLC**

Principal Place of Business

**12440 LAKE RIDGE CIRCLE  
 CLERMONT FL 34711**

Mailing Address

**12440 LAKE RIDGE CIRCLE  
 CLERMONT FL 34711**

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

**59-3694547**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, DONALD E  
 12440 LAKE RIDGE CIRCLE  
 CLERMONT FL 34711**

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

**DONALD E. BROWN.**

*Donald E Brown*

**3.20.02.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** **MGRM** ☐ Delete  
 NAME **DONALD E BROWN**  
 STREET ADDRESS **12440 LAKE RIDGE CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **VICE PRESIDENT** **MGRM** ☐ Delete  
 NAME **DELBERT JAMES**  
 STREET ADDRESS **507 FAIRINGTON WAY**  
 CITY-ST-ZIP **ORLANDO FL 32824**

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

TITLE **TREASURER** **MGRM** ☐ Delete  
 NAME **ASQUITH ARMSTRONG**  
 STREET ADDRESS **8542 PREONIE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **ASSISTANT TREASURER** **MGRM** ☐ Delete  
 NAME **DELOREY GUTHRIE**  
 STREET ADDRESS **2036 DERBY GLEN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **SECRETARY** **MGRM** ☒ Delete  
 NAME **ERNIE BAILEY**  
 STREET ADDRESS **12609 CROWN POINT CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SECRETARY** **MGRM** ☒ Change ☐ Addition  
 NAME **MELODIE GUTHRIE**  
 STREET ADDRESS **2036 DERBY GLEN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **ASSISTANT SECRETARY** ☐ Delete **MGRM**  
 NAME **ROSE M. BROWN**  
 STREET ADDRESS **12440 LAKE RIDGE CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Asquith Armstrong*

**ASQUITH ARMSTRONG 3/27/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)