

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13517

1. Entity Name

DIVERSIFIED VIII, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90046 016 ***150.00

Principal Place of Business

Mailing Address

638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536
US

638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536-2165
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 **59-2994884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, DALE E.
215 HWY 90 E.
CRESTVIEW FL 32536

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAUGHERTY, JAMES B.	
STREET ADDRESS	RT 1, BOX 9A2	
CITY-ST-ZIP	MCINTOSH AL 36553	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN R.	
STREET ADDRESS	P.O. BOX 1126 N/A	
CITY-ST-ZIP	ORANGE BEACH AL 36561	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, FOY	
STREET ADDRESS	P.O. BOX 636 N/A	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARR, FRANK	
STREET ADDRESS	638 FERDON BLVD., SUITE #1	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFIELD, DALTON	
STREET ADDRESS	P.O. BOX 205 N/A	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank W. Carr (Frank) W. Carr

2/4/00

850-682-4033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #