

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41253

1. Entity Name

DIVERSITY II, INC.

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

03-27-2000 90087 027 \*\*\*150.00

Principal Place of Business

PO BOX 15559  
SARASOTA FL 34277  
US

Mailing Address

PO BOX 15559  
~~3810 MUSTER LANE~~  
SARASOTA FL 34277-1559  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 15559

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, FLA

4. FEI Number 65-0171435

Applied For  
Not Applicable

Zip

Country

Zip

Country

34277

Sarasota

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

PASSIDOMO, JOHN M.  
1300 THIRD STREET SOUTH  
SUITE 303  
NAPLES FL 33940

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 P/D ☐ Delete  
NAME HOUZE, DAVID W  
STREET ADDRESS PO BOX 15559  
CITY-ST-ZIP SARASOTA FL 34277

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

3/27/00

Date

941-953-4157

Daytime Phone #

CR2E034 (9/99)