

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000982**

1. Entity Name
DIAMOND RIDGE, L.C.

FILED

00 JAN 12 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**201 MUIRFIELD CIRCLE
NAPLES FL 34113**

Mailing Address
**201 MUIRFIELD CIRCLE
NAPLES FL 34113-8937**



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

65-0672266

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPINELLA, CARMEN
501 GOODETTE ROAD, SUITE A 204
NAPLES FL 34102**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGR SPINELLA, CARMEN J**
STREET ADDRESS **201 MUIRFIELD CIRCLE**
CITY- ST- ZIP **NAPLES FL 33962**

Change Addition
300003103723--4
-01/20/00--01014--013
*******50.00 *****50.00**

TITLE Delete
NAME **MGR WICKMAN, ROBERT L**
STREET ADDRESS **8805 INDIAN HILL DRIVE, SUITE 365**
CITY- ST- ZIP **OMAHA NE 68114**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-7-00 941-403-0281

CR2E063 (9/99)