

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013088 AF

DOCUMENT # L99000005619

1. Entity Name
DIVERSIFIED INVESTMENTS - SOUTHERNAIRE, LLC

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814

Mailing Address
4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814-4411



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
52-2191354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Diversified Investments
Street Address (P.O. Box Number is Not Acceptable)
28488 U.S. Highway 19 North
City
Clearwater, FL Zip Code
33761

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAASE, BARRY L
4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Gayle Benson 4/27/00 (916) 727-0017

Date Daytime Phone #

CR2E083 (9/99)