

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006016**

1. Entity Name

DIAMOND PLAYERS GOLF & TRAVEL CLUB, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:25

mf

Principal Place of Business

2700 SWEETWATER COUNTRY CLUB DRIVE
APOPKA FL 32712

Mailing Address

2700 SWEETWATER COUNTRY CLUB DRIVE
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3604069

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PATEL & O'CONNOR, P.A.
2240 BELLEAIR ROAD
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

Annis, Mitchell, et al

Street Address (P.O. Box Number is Not Acceptable)

201 North Franklin Street

Suite 2200

City

Tampa

FL

Zip Code

33602

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

Thomas M. Little

7/17/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GAGLIARDI, GREGG**
STREET ADDRESS **2700 SWEETWATER COUNTRY CLUB DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **MGRM** ☐ Delete
NAME **STOTTLEMYRE, TODD**
STREET ADDRESS **2700 SWEETWATER COUNTRY CLUB DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Member** ☒ Change ☐ Addition
NAME
STREET ADDRESS **11304 Lake Katherine Circle**
CITY-ST-ZIP **Clermont, Florida 34711**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6164 East Royal Palm Road**
CITY-ST-ZIP **Paradise Valley, AZ 85253**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
GREGG GAGLIARDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-11-00

352-394-0922

CR2E083 (5/00)