

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000804

1. Entity Name

BLACK DIAMOND CAPITAL PARTNERS LLC (name change 1/12/01)

BLACK DIAMOND GROUP LLC

Principal Place of Business

100 NORTH TAMPA STREET, SUITE 3675
TAMPA FL 33602-5835

Mailing Address

100 NORTH TAMPA STREET, SUITE 3675
TAMPA FL 33602-5835

2. Principal Place of Business

3. Mailing Address

3505 Silverside Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206 Plaza Centre Building

City & State

City & State

Wilmington, DE 19810

Zip

Country

Zip

Country

19810

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGRM ☐ Delete
NAME ROTHMAN, ROBERT
STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3675
CITY-ST-ZIP TAMPA FL 33602-5835

TITLE MGRMP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
-01/30/01--01061--022
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP ☐ Change ☒ Addition
NAME Kim P. Buchanan
STREET ADDRESS 100 North Tampa Street, Suite 3675
CITY-ST-ZIP Tampa, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Change ☒ Addition
NAME John R. Garthwaite
STREET ADDRESS 100 North Tampa Street, Suite 3675
CITY-ST-ZIP Tampa, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Change ☒ Addition
NAME Deanna Voss
STREET ADDRESS 3505 Silverside Road, 206 Plaza Centre Bldg.
CITY-ST-ZIP Wilmington, DE 19810

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Authorized Representative

Date

Daytime Phone #

FILED

01 JAN 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083 (11/00)