

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90030 041 ****50.00

DOCUMENT # M99000000804

1. Entity Name

BLACK DIAMOND GROUP LLC

Principal Place of Business

**3505 SILVERSIDE RD.
206 PLAZA CENTRE BLDG.
WILMINGTON DE 19810**

Mailing Address

**3505 SILVERSIDE RD.
206 PLAZA CENTRE BLDG.
WILMINGTON DE 19810**

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

NOT APPLICABLE

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****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

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
Due By May 1, 2002**9. MANAGING MEMBERS / MANAGERS**TITLE **MGRM** ☐ Delete
NAME **ROTHMAN, ROBERT**
STREET ADDRESS **100 NORTH TAMPA STREET, SUITE 3675**
CITY-ST-ZIP **TAMPA FL 33602-5835**TITLE **EVP** ☐ Delete
NAME **BUCHANAN, KIM P**
STREET ADDRESS **100 NORTH TAMPA ST.**
CITY-ST-ZIP **SUITE 3675 FL 32202**TITLE **VPS** ☐ Delete
NAME **VOSS, DEANNA**
STREET ADDRESS **3505 SILVERSIDE RD. 206 PLAZA CENTRE BLDG.**
CITY-ST-ZIP **WILMINGTON DE 19810**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS / CHANGES**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VPT**
STREET ADDRESS **John R. Garthwaite**
CITY-ST-ZIP **100 North Tampa Street, Suite 3675**
Tampa, FL 33602TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**

Authorized Representative

1/8/02

302-479-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)