

**.2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N19649**

1. Entity Name

**BLACK DIAMOND CLUB, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90163 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**2600 W BLACK DIAMOND CIR  
LECANTO FL 34461  
US****P.O. BOX 10000  
CRYSTAL RIVER FL 34423-9701  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2789517**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARMAN, JAMES W.  
6142 W CORPORATE OAKS DRIVE  
CRYSTAL RIVER FL 34429**

Name

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

**2600 W BLACK DIAMOND CIRCLE**

City

**LECANTO****FL**

Zip Code

**34461**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>OLSEN, STANLEY C.</b>	
STREET ADDRESS	<b>2600 W BLACK DIAMOND CIR</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>STILLWELL, CLARK</b>	
STREET ADDRESS	<b>2600 W. BLACK DIAMOND CIR</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>CARMAN, JAMES W</b>	
STREET ADDRESS	<b>2600 W BLACK DIAMOND CIRCLE</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>OLSEN, ELIZABETH M.</b>	
STREET ADDRESS	<b>2600 W BLACK DIAMOND CIRCLE</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, MARIAN</b>	
STREET ADDRESS	<b>2600 W. BLACK DIAMOND CIR.</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MARINA</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-28-00

(352) 795-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)