

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000003896**

1. Entity Name

DIVERSIFIED CHRISTIAN SERVICES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3161
TEQUESTA FL 33469

POST OFFICE BOX 3161
TEQUESTA FL 33469-1002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826444

Applied For

Not Applicable

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

**MANTWILL, DAVID A
6 CONOURSE DRIVE
TEQUESTA FL 33469**

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 \$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 ☐ Delete

NAME **PTD
MANTWILL, DAVID A**
STREET ADDRESS **6 CONOURSE DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete

NAME **VPSD
MANTWILL, PAULINE T**
STREET ADDRESS **6 CONOURSE DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete

NAME **D
MANTWILL, PAUL C**
STREET ADDRESS **15 SPLTRAIL CIRCLE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete

NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

DAVID A. MANTWILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90075 013 ****61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)