

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003150

1. Entity Name

DIAMOND PLAYERS CLUB CHARITIES, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-17-2000 90970 045 ****61.25

Principal Place of Business

Mailing Address

200 HUNT CLUB BLVD
 LONGWOOD FL 32779

200 HUNT CLUB BLVD
 LONGWOOD FL 32779-4657

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

59-352-7052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, PAT
 2240 BELLEAIR RD
 STE 160
 CLEARWATER FL 33764

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 re/instating)

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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LEGNINI, MERIC
 10807 GAINSBOROUGH RD
 POTOMAC MD 20854

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 STOTTLEMYRE, TODD
 211 RUE DES CHATEAUX
 TARPON SPRINGS FL 34689

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GAGLIARDI, GREGG
 200 HUNT CLUB BLVD
 LONGWOOD FL 32779

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

Daytime Phone #

CR2037 (9/99)