

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90228 037 ****61.25

DOCUMENT # N98000003150 ✓
1. Entity Name
 DIAMOND PLAYERS CLUB CHARITIES, INC

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 2601 DIAMOND CLUB DR 2601 DIAMOND CLUB DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 CLERMONT FL CLERMONT FL
Zip **Country** **Zip** **Country**
 34711 USA 34711 USA

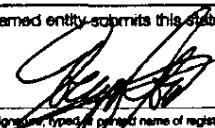
4. FEI Number **Applied For**
 59-3527052 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

659963

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name GREGG GAGLIARDI
Street Address (P.O. Box Number is Not Acceptable)
 2601 DIAMOND CLUB DR
City CLERMONT FL **Zip Code** 34711

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  GREGG GAGLIARDI 4-27-01
Signature, Typed or Printed Name of Registered Agent and Date if Applicable. (NOTE: Registered Agent signature required when re-registering) DATE

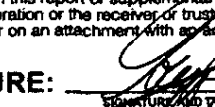
9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEGNINI, MERIC	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	STOTTLEMYRE, TODD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGLIARDI, GREGG	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 DIAMOND CLUB DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 DIAMOND CLUB DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 DIAMOND CLUB DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an 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 title empowered.
SIGNATURE:  GREGG GAGLIARDI 4-27-01 352-241-9771
Signature, Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/00)