

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000003177**

1. Entity Name

**SOVEREIGN NATIONS CULTURAL PRESERVATION CENTER,****FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90022 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**134 PADDINGTON ROAD**  
**VENICE FL 34293-4116****134 PADDINGTON ROAD**  
**VENICE FL 34293-4116**

000000

2. Principal Place of Business

3. Mailing Address **P.O. Box 2124**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Venice Fla.**4. FEI Number **59-3567690**

Applied For

Not Applicable

Zip

Country

Zip **34285-2124**Country **USA**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

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

**Marc Diamond****1/7/00**

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

TITLE **Owner** ☐ Delete  
NAME **Marc Diamond**  
STREET ADDRESS **134 Paddington Rd.**  
CITY-ST-ZIP **Venice, Fla. 34293**TITLE **Board of Director** ☐ Delete  
NAME **Gina Sillman**  
STREET ADDRESS **134 Paddington Road**  
CITY-ST-ZIP **Venice, Fla 34293**TITLE **Board of Director** ☐ Delete  
NAME **Julie Norris**  
STREET ADDRESS **1231 Bayshore Drive**  
CITY-ST-ZIP **Nokomis, Fla 34277**TITLE **Board of Director** ☐ Delete  
NAME **Frank Saccacio**  
STREET ADDRESS **236 Sharron Dr.**  
CITY-ST-ZIP **Altomont Springs, Fla 32710**TITLE **Board of Director** ☐ Delete  
NAME **John Tarashuk**  
STREET ADDRESS **4034 Parkway Blvd.**  
CITY-ST-ZIP **Land o' Lakes, Fla 34639**TITLE **Land o' Lakes, Fla 34639** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/00****4969771**