

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036809

1. Entity Name

DIAMOND GIRLS INVESTMENT GROUP ASSOCIATES, INC.

Principal Place of Business

PO BOX 16550
WEST PALM BEACH FL 33416

Mailing Address

PO BOX 16550
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

POB 7189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Zip

Country

Zip

33468

Country

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, GAYLE E
2255 GLADES ROAD SUITE 340W
BOCA RATON FL 33431

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: *Gayle Coleman*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Delete
NAME: SPRING, JUDITH B
STREET ADDRESS: 3855 MAJESTIC PALM WAY
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: CELESTINO, CAROL
STREET ADDRESS: 2565 S OCEAN BLVD., SUITE 102N
CITY-ST-ZIP: HIGHLAND BEACH FL 33487

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: SANDS, DENISE
STREET ADDRESS: PO BOX 16550
CITY-ST-ZIP: WEST PALM BEACH FL 33416

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☒ Addition
NAME: Secretary
STREET ADDRESS: Karen Applegate
CITY-ST-ZIP: 3 Golden Place
The Woodlands, TX 77381

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

561-338-0441

Daytime Phone #

CR2E034 (10/00)

0509259

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90121 047 ***150.00



DO NOT WRITE IN THIS SPACE