

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90012 036 \*\*\*150.00

**DOCUMENT # P96000025267**

Entity Name

**DIANE GLACER, INC.**

**639315**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~16651 SW 5TH COURT  
 FT. LAUDERDALE FL 33026~~

~~16651 SW 5TH COURT  
 FT. LAUDERDALE FL 33069 4210~~

Principal Place of Business

3. Mailing Address

**2651 PALM AIRE DRIVE**

**2651 PALM AIRE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#206**

**#206**

City & State

City & State

**POMEROY BEACH, FL**

**POMEROY BEACH, FL**

Zip

Country

Zip

Country

**33069**

**USA**

**33069**

**USA**

4. FEI Number

**65-0656164**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HOOPER, LARRY K  
 29625 SW 177TH AVENUE  
 HOMESTEAD FL 33030**

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GLACER, DIANE T 16651 SW 5TH COURT FT. LAUDERDALE FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2651 PALM AIRE DRIVE #206 POMEROY BEACH, FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GLACER, BERNARD 16651 SW 5TH COURT FT. LAUDERDALE FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2651 PALM AIRE DRIVE #206 POMEROY BEACH, FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Diane T. Glacer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/00**

Date

**954-977-5009**

Daytime Phone #

CR2E034 (9/99)