

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90018 037 ***150.00

DOCUMENT # P97000038347

1. Entity Name
DIAMOND AND YOUNG, P.A.

Principal Place of Business
1800 SECOND STREET
SUITE 777
SARASOTA FL 34236

Mailing Address
1800 SECOND STREET
SUITE 960
SARASOTA FL 34236
US

2. Principal Place of Business
1800 Second Street
 Suite, Apt. #, etc.
Suite 960

City & State
Sarasota FL

Zip
34236 Country
USA Zip
34236 Country

6. Name and Address of Current Registered Agent

DIAMOND, LAWRENCE R
1800 SECOND STREET
STE 960
SARASOTA FL 34236

4. FEI Number
65-0748574 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

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 _____ (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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
DIAMOND, LAWRENCE R
1800 2ND STREET, SUITE 960
SARASOTA FL 34236 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
YOUNG, RUSSELL
1800 2ND STREET, SUITE 960
SARASOTA FL 34236 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
 STREET ADDRESS
 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: _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)