

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90103 042 ***150.00

DOCUMENT # P97000057131

1. Entity Name

DIAMOND EMERALD ISLE, INC.

Principal Place of Business

5092 DUVAL ST.
KEY WEST FL 33040

Mailing Address

5092 DUVAL ST.
SUITE 209E
KEY WEST FL 33040

2. Principal Place of Business

509 1/2 DUVAL ST.

Suite, Apt. #, etc.

NONE

3. Mailing Address

509 1/2 DUVAL ST

Suite, Apt. #, etc.

NONE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

MAVROR

Zip

33040

Country

MAVROR

4. FEI Number

65-0772050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE **P** ☐ Delete
NAME **SPEISER, JAMES**
STREET ADDRESS **509 1/2 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VP** ☐ Delete
NAME **O'CONNER, FIONA**
STREET ADDRESS **509 AND 1/2 DUVAL STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VP** ☐ Delete
NAME **MULCAHY, LUCY**
STREET ADDRESS **509 AND 1/2 DUVAL STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **SPEISER, JAMES**
STREET ADDRESS **509 1/2 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

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

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

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:

Fiona O'Connor

1.16.99

(305) 295-8796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #