

# 2000 UNIFORM BUSINESS REPORT (UBR)

0420467

DOCUMENT # P98000060847

1. Entity Name

DIVERSE CAPITAL CORP.

FILED

00 APR 28 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

GLADES ROAD #314  
RATON FL 33434

P.O. BOX 172574  
TAMPA FL 33672-0574

2. Principal Place of Business

3. Mailing Address

100 W. LUCERNE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32801

4. FEI Number

59-3541796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 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 PCEO ☐ Delete  
NAME COBB, MARK D  
STREET ADDRESS 137 STRAWBERRY JUNCTION LANE  
CITY-ST-ZIP VALRICO FL 33594

TITLE P CEO / DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2440 CEDARCREST PLACE  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME COBB, MARK D  
STREET ADDRESS 137 STRAWBERRY JUNCTION LANE  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2440 CEDARCREST PLACE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

MARK D. COBB PRES.

Date

Daytime Phone #

CR2E034 (9/99)