

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90259 027 \*\*\*150.00

**DOCUMENT # P98000074400**

1. Entity Name  
**DIAMOND PLAYERS CLUB LICENSING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**200 HUNTCLUB BLVD  
 LONGWOOD FL 32779**

Mailing Address  
**200 HUNTCLUB BLVD  
 LONGWOOD FL 32779**

2. Principal Place of Business  
**2601 DIAMOND CLUB DR**

3. Mailing Address  
**2601 DIAMOND CLUB DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CLERMONT FL**

City & State  
**CLERMONT FL**

4. FEI Number **59-3529520**

Applied For  
 Not Applicable

Zip **34711** Country **USA**

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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**

**O'CONNOR, PAT  
 2240 BELLEAIR RD  
 STE 160  
 CLEARWATER FL 33764**

Name **GREGG GAGLIARDI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2601 DIAMOND CLUB DR**  
 City **CLERMONT FL** Zip Code **34711**

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 **GREGG GAGLIARDI** **4-27-01**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOTTEMYRE, TODD V</b> <b>200 HUNTCLUB BLVD</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAGLIARDI, GREGG</b> <b>200 HUNTCLUB BLVD</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P</b> <b>2601 DIAMOND CLUB DR</b> <b>CLERMONT FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, V, T, S</b> <b>2601 DIAMOND CLUB DR</b> <b>CLERMONT FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **GREGG GAGLIARDI** **4-27-01** **352-248-9771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)