

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015769

1. Entity Name
POLK COUNTY DIAMOND CLUB, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90001 029 ***550.00

Principal Place of Business

2602 NURSERY ROAD
LAKE WALES FL 33853

Mailing Address

2602 NURSERY ROAD
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

P.O. Box 1052

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eagle Lake, Florida

4. FEI Number

59-3558387

Applied For

Not Applicable

Zip

Country

Zip

Country

33839

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

PUTNAM, ABEL A
500 SOUTH FLORIDA AVENUE
STE 200
LAKELAND FL 33801
Lakeland

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
TYUS, HAROLD L
2602 NURSERY ROAD
LAKE WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
Tyus, Harold L.
2602 Nursery Road
Lake Wales, FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITE, CHARLES R JR
2151 AVENUE C. S.W.
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
White, Charles R. Jr.
2103 Kings Crossing W.
Winter Haven, FL 33880 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Delete

TITLE
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD L. TYUS

8/9/00

863-297-1017

Date

Daytime Phone #

CR2E034 (5/00)