

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051035

1. Entity Name

DIANA BOLAND, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90056 037 \*\*\*150.00

Principal Place of Business

Mailing Address

100 NORTH COLLIER BLVD., #903  
MARCO ISLAND FL 34145

100 NORTH COLLIER BLVD., #903  
MARCO ISLAND FL 34145-3709

2. Principal Place of Business

5214 HAWKSBURY WAY

3. Mailing Address

5214 HAWKSBURY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

59-3578073

Applied For

Not Applicable

Zip

34119

Country

Zip

34119

Country

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

BOLAND, DIANA  
100 NORTH COLLIER BLVD., #903  
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

5214 HAWKSBURY WAY

City

NAPLES

FL

Zip Code

34119

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 ☐ Delete  
NAME D  
STREET ADDRESS BOLAND, DIANA  
CITY-ST-ZIP 100 NORTH COLLIER BLVD., #903  
MARCO ISLAND FL 34145

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5214 HAWKSBURY WAY  
CITY-ST-ZIP NAPLES, FL 34119

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

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: Diana Boland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

941 594 3060

Daytime Phone #