

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90693 001 \*1,500.00

0455273 AV

**DOCUMENT # F89328**

1. Entity Name

**PARK PLACE OF NEW PORT RICHEY, INC.**

Principal Place of Business

**311 PARK PLACE BLVD  
STE 225  
CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD  
STE 225  
CLEARWATER FL 33759**

2. Principal Place of Business

**13777 Belcher Road**

Suite, Apt. #, etc.

3. Mailing Address

**13777 Belcher Road**

Suite, Apt. #, etc.

City & State

**Largo, FL**

City & State

**Largo, FL**

Zip

**33771**

Country

**US**

Zip

**33771**

Country

**US**

4. FEI Number

**59-2257824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOMBARDI, RITA A  
311 PARK PLACE BLVD  
STE 225  
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name  
**Steven A. Piazza**  
Street Address (P.O. Box Number is Not Acceptable)  
**13777 Belcher Road**  
City  
**Largo** FL Zip Code  
**33771**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE **X Steven A. Piazza**

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 \$750.00  
After May 1, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>PIAZZA, ROSEMARY E<br/>311 PARK PLACE BLVD #225<br/>CLEARWATER FL 33759</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>LOMBARDI, RITA A<br/>311 PARK PLACE BLVD #225<br/>CLEARWATER FL 33759</b>    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>PIAZZA, JOHN SR<br/>311 PARK PLACE BLVD #225<br/>CLEARWATER FL 33759</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director-Pres./Sec.<br/>Piazza, Steven A.<br/>13777 Belcher Road<br/>Largo, FL 33771</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **X Steven A. Piazza**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02** 727-726-3310  
Date Daytime Phone #

CR2E034 (9/01)