

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78800

1. Entity Name

CLASSIC SQUARE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90073 038 ***150.00

Principal Place of Business

Mailing Address

300-310 S. BAY ST.
BUNNELL FL 32110
US

PO BOX 535
P.O. BOX 954
FLAGLER BCH FL 34985-7943
US

2. Principal Place of Business

3. Mailing Address

PO BOX 7943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie, FL

Zip

Country

Zip

Country

34985-7943

St. Lucie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIMINI, ALCEO
2404 S. FLAGLER AVE.
P O BOX 535
FLAGLER BEACH FL 32136

Name

ALCEO VIMINI

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

6048 Travelers Way

City

Fort Pierce

FL

Zip Code

34982

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 AlceoVimini, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/2000

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 P ☐ Delete
NAME VIMINI, ALCEO
STREET ADDRESS 2404 S FLAGLER AVE, P.O. BOX 535
CITY-ST-ZIP FLAGLER BEACH FL 32136

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 6048 Travelers Way
CITY-ST-ZIP Fort Pierce, FL. 34982

TITLE V ☐ Delete
NAME VIMINI, BARBARA
STREET ADDRESS 2404 S FLAGLER AVE, P.O. BOX 535
CITY-ST-ZIP FLAGLER BEACH FL 32136

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 6048 Travelers Way
CITY-ST-ZIP Fort Pierce, FL. 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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: AlceoVimini 3/21/2000 561-466-7859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)