

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90056 039 \*\*\*150.00

**DOCUMENT #** M66867

**1. Entity Name**  
 Zappala, Muscarella & Associates, Inc.  
 1553 Crestwood Lane  
 Palm Harbor, FL 34683

**Principal Place of Business** 1553 Crestwood Lane  
 Palm Harbor, FL 34683  
**Mailing Address** 1553 Crestwood Lane  
 Palm Harbor, FL 34683

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

59-2879630

Applied For

Not Applicable

Zip

Country

Zip

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**

Frank J. Muscarella  
 1553 Crestwood Lane  
 Palm Harbor, FL 34683

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 \$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, D	<input type="checkbox"/> Delete
NAME	Frank J. Muscarella	
STREET ADDRESS	1553 Crestwood Lane	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	S, D	<input type="checkbox"/> Delete
NAME	Carole V. Zappala	
STREET ADDRESS	PO Box 66596	
CITY-ST-ZIP	St. Petersburg Beach, FL 33736	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joseph Zappala	
STREET ADDRESS	1085 Park Ave	
CITY-ST-ZIP	New York, NY 10128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. MUSCARELLA

Date

Daytime Phone #

4/25/00

CR2E034 (9/99)