

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82585

1. Entity Name

PARK PLACE EAST, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2891060

Applied For
Not Applicable

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

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

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, 2001 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	VPD	<input type="checkbox"/> Delete
NAME	PIAZZA, ROSEMARY	
STREET ADDRESS	311 PARK PLAZA BLVD STE 225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOMBARDI, RITA A	
STREET ADDRESS	311 PARK PLACE BLVD STE 225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIAZA, JOHN J SR	
STREET ADDRESS	311 PARK PLACE BLVD STE 225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LENTINI, VINCENT J	
STREET ADDRESS	430 PARK PLACE BLVD., STE. 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, John J. Sr	
STREET ADDRESS	311 Park Place Blvd Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or other like empowerment.

SIGNATURE:

Rita A Lombardi, Corp Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

(727) 726-3310

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90031 017 ***150.00

001042



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)