

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90442 041 \*\*\*\*61.25

**DOCUMENT # N96000005695**

1. Entity Name

**THE ARMED FORCES MILITARY MUSEUM, INC.**



Principal Place of Business

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

Mailing Address

**13777 BELCHER ROAD  
LARGO FL 33771**

2. Principal Place of Business

**13777 BELCHER ROAD S.**

Suite, Apt. #, etc.

3. Mailing Address

**13777 BELCHER ROAD S.**

Suite, Apt. #, etc.

City & State

**LARGO, FL. 33771**

City & State

**LARGO, FL.**

Zip

**33771**

Country

**USA**

Zip

**33771**

Country

**USA**

4. FEI Number

**59-3413399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PIAZZA, JOHN J SR  
311 PARK PLAZA BLVD  
STE 225  
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

**PIAZZA, JOHN J SR**

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

**13777 BELCHER ROAD S.**

City

**LARGO**

**FL**

Zip Code

**33771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIAZZA, JOHN J SR	
STREET ADDRESS	311 PARK PL BV STE 225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENTINI, VINCENT J	
STREET ADDRESS	311 PARK PL BV STE 225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIAZZA, JOHN J JR	
STREET ADDRESS	311 PARK PL BV STE 225	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, JOHN J SR	
STREET ADDRESS	13777 BELCHER ROAD S.	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, VINCENT J	
STREET ADDRESS	13777 BELCHER ROAD S.	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, JOHN J JR	
STREET ADDRESS	13777 BELCHER ROAD S.	
CITY-ST-ZIP	LARGO, FL. 33771	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**VINCENT J. LENTINI**

**1/28/03**

**727-726-3310**

CR2E037 (10/02)