

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044224

1. Entity Name  
GLENCREST PROPERTIES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90022 001 \*\*\*300.00

Principal Place of Business

~~1255 GLENCREST DR~~  
LAKE MARY FL 32746  
US

Mailing Address

P.O. BOX 952913  
LAKE MARY FL 32795-2913  
US

1 2 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1255 Glencrest Dr  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 952913  
Suite, Apt. #, etc.

City & State

Lake Mary

City & State

Lake Mary

4. FEI Number

59-3192857

Applied For

Not Applicable

Zip

Country

32746 Seminole

Zip

Country

32795 Seminole

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

PALOMBI, LAWRENCE M

~~1255 GLENCREST DR~~

PO BOX 952913

LAKE MARY FL 32746

Name

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

1255 Glencrest Dr.

P.O. Box 952913

City

Lake Mary

FL

Zip Code

32746

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

Lawrence M Palombi

3/25/00

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	DP	<input type="checkbox"/> Delete
NAME	PALOMBI, LAWRENCE M	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALOMBI, MARY T	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PALOMBI, MICHAEL L	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, LAURA P	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRADDOCK, ANNE P	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALOMBI, GREGORY J	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Lawrence M Palombi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00 407-333-3020

Date

Daytime Phone #