

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088793

1. Entity Name

ADULT CARE MANAGEMENT CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 003 ***150.00

Principal Place of Business

430 PARK PLACE BLVD.
SUITE 600
CLEARWATER FL 33759

Mailing Address

430 PARK PLACE BLVD.
SUITE 600
CLEARWATER FL 33759-3926

2. Principal Place of Business

311 Park Place Blvd.

Suite, Apt. #, etc.

Suite 225

City & State

Clearwater, FL

Zip

33759

Country

USA

3. Mailing Address

311 Park Place Blvd.,

Suite, Apt. #, etc.

Suite 225

City & State

Clearwater, FL

Zip

33759

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3216444

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
430 PARK PLACE BLVD.
SUITE 600
CLEARWATER FL 33759

Name
Lombardi, Rita A.

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

311 Park Place Blvd.,

Suite 225

City

Clearwater,

FL

Zip Code

33759

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	VD	<input type="checkbox"/> Delete
NAME	PIAZZA, ROSEMARY E	
STREET ADDRESS	430 PARK PLACE BLVD., STE. 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIAZZA, STEVEN A.	
STREET ADDRESS	430 PARK PLACE BLVD., STE. 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOMBARDI, RITA A	
STREET ADDRESS	430 PARK PLACE BLVD., STE. 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIAZZA SR, JOHN J	
STREET ADDRESS	430 PARK PLACE BLVD., STE. 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VD	<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	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, Rosemary E.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, Steven A.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lombardi, Rita A.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<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		

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:

Rita A. Lombardi

4/10/00

(727) 726-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)