2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000010371** PARK PLACE OF CLEARWATER, INC. 04-18-2000 90183 049 ***150.00 Mailing Address Principal Place of Business 430 PARK PLACE BLVD 430 PARK PLACE BLVD SUITE 600 SUITE 600 CLEARWATER FL 33759-3926 CLEARWATER FL 33759 2. Principal Place of Business 311 Park Place Blvd. 3. Mailing Address 311 Park Place Blvd. Suite, Apt. #, etc. Suite 225 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 225 City & State Clearwater, Applied For 4. FEI Number City & State Clearwater, 59-3299025 Not Applicable Zip 33759 Country \$8.75 Additional 33759 Country USA 5. Certificate of Status Desired USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Lombardi, Rita A.</u> LOMBARDI, RITA A Street Aridres (P.C. Bop Number is Not Acceptable) 430 PARK PLACE BLVD SUITE 600 Suite 225 **CLEARWATER FL 33759** Cit Clearwater 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition X Change Delete NAME Piazza, John J. Sr. PIAZZA, JOHN J. SR. 430 PARK PLACE BLVD STE 600 STREET ADDRESS 311 Park Place Blvd., Suite 225 CITY-ST-ZIP **CLEARWATER FL 33759** Clearwater, FL 33759 XX Delete ☐ Change [] Addition LENTINI, VINCENT J NAME STREET ADDRESS 430 PARK PLACE BLVD STE 600 CITY-ST-ZIP **CLEARWATER FL 33759** VPD XX Change ☐ Addition ☐ Delete TITLE Piazza, Rosemary E. NAME

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PIAZZA, ROSEMARY E NAME STREET ADDRESS 311 Park Place Blvd. Suite 225 STREET ADDRESS 430 PARK PLACE BLVD STE 600 CITY-ST-ZIP CITY-ST-7IP Clearwater, FL 33759 **CLEARWATER FL 33759** XX Change ☐ Addition □ Delete TITLE TITLE LOMBARDI, RITA NAME NAME Lombardi, Rita A. STREET ADDRESS STREET ADDRESS 430 PARK PLACE BLVD STE 600 311 Park Place Blvd., Suite 225 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33759** Clearwater, FL 3759 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

talA. Lombardi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (727) 726-3310