

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038856

1. Entity Name

ADULT CARE SERVICE CORPORATION

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90060 047 ***150.00

Principal Place of Business 430 PARK PLACE BLVD STE 600 CLEARWATER FL 33759	Mailing Address 430 PARK PLACE BLVD STE 600 CLEARWATER FL 33759-3926 US
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2. Principal Place of Business 311 Park Place Blvd. Suite, Apt. #, etc. Suite 225	3. Mailing Address 311 Park Place Blvd. Suite, Apt. #, etc. Suite 225
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City & State Clearwater, FL	City & State Clearwater, FL
Zip 33759	Zip 33759
Country USA	Country USA

4. FEI Number 59-3249126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIAZZA, JOHN J JR. 430 PARK PLACE BLVD STE 600 CLEARWATER FL 33759

7. Name and Address of New Registered Agent Name 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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>
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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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIAZZA, JOHN J JR. 430 PK PLACE BLVD. #600 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIAZZA, STEPHEN A 430 PK PLACE BLVD-#600 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAZZA, JOHN J SR 430 PK PLACE BLVD-#600 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMBARDI, RITA A 430 PK PLACE BLVD - #600 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Rita A. Lombardi Corporate Secretary	2/4/00 Date	(727) 726-3311 Daytime Phone #
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