

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 12, 2000 8:00 am
Secretary of State

04-10-2000 90056 026 ***150.00

DOCUMENT # P95000019690

1. Entity Name

ALTAMONTE MANOR, INC.

Principal Place of Business

**849 SOUTH WYMORE ROAD
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**849 S WYMORE ROAD
 STE 50-A
 ALTAMONTE SPRINGS FL 32714-6619
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3302971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ABRIOLA, ANTHONY V
 5013 BERMUDA CIRCLE
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABRIOLA, ANTHONY V	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ABRIOLA, VIOLET E	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ABRIOLA, DENNIS J	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRIOLA, RONALD V	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRIOLA, ANTHONY D	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRIOLA, GARY	
STREET ADDRESS	849 WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)