

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038366

1. Entity Name

PARK PLACE OF CARROLLWOOD, INC.

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

04-18-2000 90166 019 \*\*\*150.00

Principal Place of Business

Mailing Address

430 PARK PLACE BLVD  
SUITE 600  
CLEARWATER FL 33759

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

2. Principal Place of Business

3. Mailing Address

311 Park Place Blvd.

311 Park Place Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 225

Suite 225

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip  
33759

Country  
USA

Zip  
33759

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3372745

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

PIAZZA, JOHN J SR  
430 PARK PLACE BLVD  
SUITE 600  
CLEARWATER FL 33759

Name  
Piazza, John J. Sr.

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 DP ☐ Delete  
NAME PIAZZA, JOHN J SR  
STREET ADDRESS 430 PARK PLACE BLVD STE 600  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE DP ☒ Change ☐ Addition  
NAME Piazza, John J. Sr.  
STREET ADDRESS 311 Park Place Blvd., Suite 225  
CITY-ST-ZIP Clearwater, FL 33759

TITLE VPD ☐ Delete  
NAME PIAZZA, ROSEMARY E.  
STREET ADDRESS 430 PARK PLACE BLVD STE 600  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE VPD ☒ Change ☐ Addition  
NAME Piazza, Rosemary E.  
STREET ADDRESS 311 Park Place Blvd., Suite 225  
CITY-ST-ZIP Clearwater, FL 33759

TITLE S ☐ Delete  
NAME LOMBARDI, RITA A.  
STREET ADDRESS 430 PARK PLACE BLVD STE 600  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE S ☒ Change ☐ Addition  
NAME Lombardi, Rita A.  
STREET ADDRESS 311 Park Place Blvd., Suite 225  
CITY-ST-ZIP Clearwater, FL 33759

TITLE VPD ☒ Delete  
NAME LENTINI, VINCENT J  
STREET ADDRESS 430 PARK PLACE BLVD STE 600  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(727) 726-3310

Daytime Phone #

CR2E034 (9/99)