

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #, P96000076781**

1. Entity Name

**PACE MANAGEMENT GROUP, INC.****FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90077 034 \*\*\*150.00

Principal Place of Business

Mailing Address

**204 SOUTH SEMORAN BLVD.**  
**ORLANDO FL 32807****204 SOUTH SEMORAN BLVD.**  
**ORLANDO FL 32809-6925**

A0029217

2. Principal Place of Business

3. Mailing Address

**7600 Currency Drive****7600 Currency Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Orlando, FL****Orlando, FL**

Zip

Country

Zip

Country

**32809-6925****Q****32809-6925**4. FEI Number **59-3404493**

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

Name

**GIAMMARRUSCO, JOSEPH G**

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

**7600 CURRENCY DRIVE**

City

**ORLANDO, FL****FL**Zip Code  
**32809****GIAMMARRUSCO, JOSEPH G****204 SOUTH SEMORAN BLVD.**  
**ORLANDO FL 32807**

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

CR2E034 (9/99)

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	PERROTTI, JOHN	
STREET ADDRESS	5427 RUSTIC PINE COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERROTTI, ROBERT	
STREET ADDRESS	926 GROVESMERE LOOP	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GIAMMARRUSCO, JOSEPH	
STREET ADDRESS	1491 RIDGE TOP WAY	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOLINA, JAVIER	
STREET ADDRESS	3717 CRESCENT PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PERROTTI, FRED	
STREET ADDRESS	8012 OLD TOWN DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
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	P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARRUSCO, JOSEPH	
STREET ADDRESS	2956 BAYHEAD RUN	
CITY-ST-ZIP	OWIEDO, FL 32756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERROTTI, FRED	
STREET ADDRESS	8012 OLD TOWN DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/00

Date

407-275-2400

Daytime Phone #