

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014560

1. Entity Name

ADULT CARE DEVELOPMENT, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90161 043 ***150.00

Principal Place of Business

311 PK PLACE BLVD
STE 225
CLEARWATER FL 33759
US

Mailing Address

311 PK PLACE BLVD
STE 225
CLEARWATER FL 33759
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3426611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, RITA A
430 PLACE BLVD-#600
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Lombardi, Rita A

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, 2001 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 ☐ Delete
NAME PIAZZA, JOHN J SR.
STREET ADDRESS 430 PK PLACE BLVD-#600
CITY-ST-ZIP CLEARWATER FL 33759

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VPD ☒ Change ☐ Addition
NAME Piazza, Rosemary E
STREET ADDRESS 311 Park Place Blvd., Suite 225
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 ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)