

P97000027467

Katz, Kutter, Haigler, Alderman,
Bryant & Yon, P.A.

Requestor's Name

106 E. College Ave., Suite 1200

Address

Tallahassee, FL 32301

425-1635

City/State/Zip

Phone #

Office Use Only

FILED
00 DEC 20 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. National Leasing of Ormond, Inc. P97000027467
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700003508857-7
-12/20/00--01054--008
*****43.75 *****43.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

COULLETTE DEC 20 2000

Examiner's Initials

AFFIDAVIT OF NON-OFFICER STATUS
NATIONAL LEASING OF ORMOND, INC.

STATE OF FLORIDA)
) SS:
COUNTY OF Palm Beach)

BEFORE ME, the undersigned authority, personally appeared **MR. JOHN M. ZUCCARELLI, III** (the "Affiant"), who, after having been first duly sworn, deposes and says as follows:

(1) On January 20, 2000, certain persons apparently associated with NATIONAL LEASING OF ORMOND, INC., a Florida corporation (the "Corporation"), filed with the Department of State of Florida, on behalf of the Corporation, a 2000 Uniform Business Report ("UBR") in the form attached hereto as *Exhibit 1*.

(2) The UBR has been completed in such a fashion as to indicate that the Affiant holds the position of President of the Corporation.

(3) The Affiant has, to Affiant's knowledge, never been appointed or elected to serve as an officer or director of the Corporation, or in any other capacity with the Corporation, and, in any event, Affiant has never consented to become an officer or director of, or to serve in any other capacity with, the Corporation.

FURTHER AFFIANT SAYETH NAUGHT


JOHN M. ZUCCARELLI, III

ACKNOWLEDGMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF Palm Beach)

The foregoing instrument was acknowledged before me this 18 day of December, 2000, by **John M. Zuccarelli, III** (check one) who: ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years as identification), or ☐ produced other identification, to wit: _____



Notary Public
My Commission Expires: _____



2000 UNIFORM BUSINESS REPORT (UBR)

EXHIBIT 1

DOCUMENT # P97000027467

1. Entity Name
NATIONAL LEASING OF ORMOND, INC.

Principal Place of Business Mailing Address
876 S NOVA ROAD 876 S NOVA ROAD
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-7334

2. Principal Place of Business 3. Mailing Address
448 MASON AVE. 448 MASON AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAYTONA, FLORIDA DAYTONA FL
Zip Zip
32117 U.S.A. 32117 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3455528 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LADE, TERRY S
876 S NOVA ROAD
ORMOND BEACH FL 32174
7. Name and Address of New Registered Agent
Name LADE, TERRY S.
Street Address (P.O. Box Number is Not Acceptable)
448 MASON AVE.
City DAYTONA FL Zip 32117

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE TERRY S. LADE DATE 1-12-00
(NOTE: Registered Agent's signature required when registering)

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
Main 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	PVD	<input type="checkbox"/> Delete	TITLE	LADE, TERRY S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADE, TERRY S		NAME	448 MASON AVE.	
STREET ADDRESS	876 S NOVA ROAD		STREET ADDRESS	DAYTONA, FL 32117	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	DAYTONA, FL 32117	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTOLOMONDO, JAMES		NAME	TUTTOLOMONDO, JAMES	
STREET ADDRESS	876 S NOVA ROAD		STREET ADDRESS	448 MASON AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	DAYTONA, FL 32117	
TITLE	V	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADE, TERRY SR		NAME	LADE, TERRY SR	
STREET ADDRESS	731 N FLAMINGO DR		STREET ADDRESS	448 MASON AVE.	
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP	DAYTONA, FL 32117	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	JOHN W. ZUCCAROLI	
STREET ADDRESS			STREET ADDRESS	104 LIGHTHOUSE CT	
CITY-ST-ZIP			CITY-ST-ZIP	TRIPLICE ESTATES COLONY, FL 33469	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 individual or individuals empowered to execute this report as required by Chapter 807, 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 TERRY S. LADE DATE 1-12-00 904-255-4741
(NOTE: Signature required on printed name of business officer or director)

CREEDON (8/99)