

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90043 008 \*\*\*150.00

DOCUMENT # P97000062157

1. Entity Name

VINCENT J. DIRITO, P.A.

Principal Place of Business

Mailing Address

FOUR SAWGRASS VILLAGE STE. 205  
PONTE VEDRA BEACH FL 32082

FOUR SAWGRASS VILLAGE STE. 205  
PONTE VEDRA BEACH FL 32082-3041

80023593



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Four Sawgrass Village

Four Sawgrass Village

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230

Suite 230

City & State

City & State

Ponte Vedra Beach, FL

Ponte Vedra Beach, FL

Zip

Country

Zip

Country

32082

USA

32082

USA

4. FEI Number

59-3460700

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

DIRITO, VINCENT J  
FOUR SAWGRASS VILLAGE STE. 205  
PONTE VEDRA BEACH FL 32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DIRITO, VINCENT J  
STREET ADDRESS FOUR SAWGRASS VILLAGE STE. 205  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Vincent J. Dirito  
CITY-ST-ZIP Four Sawgrass Village, Suite 230  
Ponte Vedra Beach, FL 32082

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
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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

2-16-00

Date

904/285-4529

Daytime Phone #