

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103541

1. Entity Name

ACMC - OCALA, INC.

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

04-18-2000 90195 024 ***150.00

Principal Place of Business

430 PARK PLACE BLVD.
SUITE 600
CLEARWATER FL 33759

Mailing Address

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

2. Principal Place of Business

311 Park Place Blvd.

3. Mailing Address

311 Park Place Blvd.

Suite, Apt. #, etc
Suite 225

Suite, Apt. #, etc
Suite 225

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33759

Country
USA

Zip
33759

Country
USA

4. FEI Number
59-3482939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARTI, RITA A
430 PARK PLACE BLVD.
SUITE 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

Suite 225r, FL

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

TITLE PD
NAME PIAZZA, JOHN H SR.
STREET ADDRESS 30 PARK PLACE BLVD., STE. 600
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE VPD
NAME PIAZZA, ROSEMARY E
STREET ADDRESS 30 PARK PLACE BLVD., STE. 600
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE S
NAME LOMBARDI, RITA A
STREET ADDRESS 30 PARK PLACE BLVD., STE. 600
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE TD
NAME LENTINI, VINENT J
STREET ADDRESS 30 PARK PLACE BLVD., STE. 600
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Piazza, John J. Sr.
STREET ADDRESS 311 Park Place Blvd., Suite 225
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 ☒ 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

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 (727) 726-3310

Date

Daytime Phone #

CR2F034 (9/99)