

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103541

1. Entity Name
ACMC - OCALA, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90014 048 ***150.00

Principal Place of Business
311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 33759
US

Mailing Address
311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 33759
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

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
311 PARK PLACE BLVD., SUITE 225
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, JOHN H SR.		NAME	Piazza, John J. Sr.	
STREET ADDRESS	311 PARK PLACE BLVD., SUITE 225		STREET ADDRESS	311 Park Place Blvd. Suite 225	
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, ROSEMARY E		NAME		
STREET ADDRESS	311 PARK PLACE BLVD., SUITE 225		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, RITA A		NAME		
STREET ADDRESS	311 PARK PLACE BLVD., SUITE 225		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, VINENT J		NAME		
STREET ADDRESS	30 PARK PLACE BLVD., STE. 600		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
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		
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 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 3/30/01 (727) 726-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)