

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094930

1. Entity Name

SENIOR GATORS CLUB, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90183 050 ***150.00

Principal Place of Business

Mailing Address

430 PARK PLACE BLVD.,STE.600
CLEARWATER FL 33759

430 PARK PLACE BLVD.,STE.600
CLEARWATER FL 33759-3926

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

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

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

LOMBARTI, RITA A

430 PARK PLACE BLVD.,STE.600
CLEARWATER FL 33759

Name

Lombardi, Rita A.

Street Address (P.O. Box Number is Not Acceptable)

311 Park Place Blvd., Suite

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, 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 D ☐ Delete
NAME PIAZZA, JOHN J
STREET ADDRESS 430 PARK PLACE BLVD.,STE.600
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ Delete
NAME PIAZZA, ROSEMARY E
STREET ADDRESS 430 PARK PLACE BLVD.,STE.600
CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE S ☐ Delete
NAME LOMBARDI, RITA A
STREET ADDRESS 430 PARK 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 D ☒ Change ☐ Addition
NAME Piazza, John J.
STREET ADDRESS 311 Park Place Blvd., Suite 225
CITY-ST-ZIP Clearwater, FL 33759

TITLE D ☒ Change ☐ Addition
NAME Piazza, Rosemary E.
STREET ADDRESS 311 Park Place Blvd, Suite 225
CITY-ST-ZIP Clearwater, FL 33759

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

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:

Rita A. Lombardi

4/10/00

(727) 726-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)