

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90151 049 ***150.00

DOCUMENT # P99000006779

1. Entity Name
PARK PLACE OF ST. AUGUSTINE, INC.

Principal Place of Business

**311 PARK PLACE BLVD.
 STE 225
 CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD.
 STE 225
 CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3555612**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIAZZA, JOHN J
 311 PARK PLACE BLVD.
 STE. 225
 CLEARWATER FL 33759**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIAZZA, JOHN J SR 430 PARK PLACE BLVD, SUITE 600 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIAZZA, ROSEMARY E 430 PARK PLACE BOULEVARD, SUITE 600 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIAZZA, JOHN J JR 430 PARK PLACE BOULEVARD, SUITE 600 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LENTINI, VINCENT J 430 PARK PLACE BOULEVARD, SUITE 600 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIAZZA, STEVEN A 430 PARK PLACE BOULEVARD, SUITE 600 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Piazza, John J Sr. 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Piazza, Rosemary E. 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Piazza, John J Jr 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lentini, Vincent J 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Piazza, Steven A 311 Park Place Blvd., Suite 225 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S. Lombardi, Rita A 311 Park Place Blvd., Suite 225 Clearwater, FL 33759

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

3/23/01
 Date

(727) 726-3310
 Daytime Phone #

CR2E034 (10/00)