

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076315  
Entity Name  
LAROCCA BUILDERS, INC.

FILED  
Aug 15, 2000 8:00 am  
Secretary of State  
08-15-2000 90004 001 \*\*\*150.00

Principal Place of Business  
5030 S.W. 24TH PLACE  
CAPE CORAL FL 33914

Mailing Address  
5030 S.W. 24TH PLACE  
CAPE CORAL FL 33914

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
65-0942920

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CARROZZA, ROCCO  
5030 S.W. 24TH PLACE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent.  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

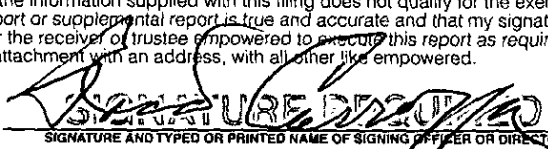
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PD DIVITO, LARRY 5030 S.W. 24TH PLACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROZZA, ROCCO 5030 S.W. 24TH PLACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date 8/9/00 Daytime Phone #

Attachment # P99000076315 A0072500

081400



## Charles Abels Massie, CPA, PA

12065 Metro Parkway, Suite 101, Fort Myers, FL 33912

Phone (941) 768-2171 / Fax (941) 768-6074

August 7, 2000

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Re: LaRocca Builders, Inc.  
FEI#: 65-0942920  
Subject: Late filing of annual report

LaRocca Builders, Inc. is filing this report late because they never received the original report documentation due to the fact that the addressed occupant did not receive the mail, nor was it forwarded to Chicago where it should have been. They did not receive all of the expected forwarded mail. They are requesting an abatement of the \$400.00 penalty for late filing due to these unusual and singular circumstances.

Enclosed please find a check in the amount of the originally required \$150.00. Thank you in advance for your consideration.

Sincerely,

*COPY*

Charles Abels Massie, CPA

CAM/ldy

cc: LaRocca Builders, Inc.

Enclosure



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Enclosure