City & Starle City & Starle City & Starle City & Starle Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Fee 6. Name and Address of Current Registered Agent Name 1. Name and Address of New Registered Agent Name Na	DOCUMENT # 712147 1. Entity Name CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY,						Feb 08, 2000 8:00 Secretary of State 02-08-2000 90179 040 ****61.25				
### ATT BEFORM AND CONTROL OF PROCESS AND DIRECTORS SIGNATURE FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 FOR DESANTIS, FERDINAND 217 SE BECTION Companying Francing Trust Fund Contribution. TILE NAME DESANTIS, FERDINAND 17. Registered agent and but of registered agent and but of registered agent process and DIRECTORS 17. Registered agent and but of registered agent process and DIRECTORS 17. Registered agent agent agent agent and but of registered agent ag		e of Business	<u>.</u>								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 217 SE. 41th TERRACE CAPE CORAL FL 33990 City CAPE Coral FL 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 FLRDINAND STREET AGENTS FILE NOW: FEE IS \$61.25 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	City & State		City & State			4. FEI Numb	59-1	555807		Not	
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12. 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that n owered to execute this report.	ny signature shali i as required by Ch	nave me sa	ame rectar em	ecras irma	ade under dat	in; inat i am ippears in B	277 222	

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