

DOCUMENT # 712147

1. Entity Name

CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY,

Principal Place of Business

Mailing Address

UNTY. INC.
 4725 VINCENNES BLVD.
 CAPE CORAL FL 33904-9113

UNTY. INC.
 4725 VINCENNES BLVD.
 CAPE CORAL FL 33904-9113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1555807

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESANTIS, FERDINAND
 217 S.E. 4TH TERRACE
 CAPE CORAL FL 33990

Name

DESANTIS FERDINAND

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

3822 S.E. 11th PLACE

City

CAPE CORAL

FL

Zip Code
339

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

FERDINAND DESANTIS

Ferdinand Desantis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, FERDINAND	
STREET ADDRESS	217 SE 4TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAZIANO, MARY	
STREET ADDRESS	3240 SE 2ND AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRUNZO, JOHN	
STREET ADDRESS	3806 SE 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRENAIPE, NICK	
STREET ADDRESS	1225 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change
NAME	DESANTIS FERDINAND	
STREET ADDRESS	3822 S.E. 11 th PL.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change
NAME	DI COSTA YERA	
STREET ADDRESS	1009 SE. 46 th LANE # 105	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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 10 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FERDINAND DESANTIS** *Ferdinand Desantis*

941
 27 Feb 2000 542