

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90100 046 \*\*\*\*61.25

**DOCUMENT # 712147**

1. Entity Name

**CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

**59-1555807**

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

**TRUNZO, JOHN**  
**3806 SE 1ST PLACE**  
**CAPE CORAL FL 33904**

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

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 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUNZO, JOHN	
STREET ADDRESS	3806 SE 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANCES, HANNAN	
STREET ADDRESS	2340 S.E. 28TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLLO	
STREET ADDRESS	5301 MALALUKA CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICOSTA, VERA	
STREET ADDRESS	1009 SE 46TH LANE #105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or director 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**JOHN TRUNZO**

**FEB 27 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)