2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 712147

CAPE CORAL FL 33904 5

the obligations of registered agent.

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

1-16 7 2 2 3 E SIGNATURE .

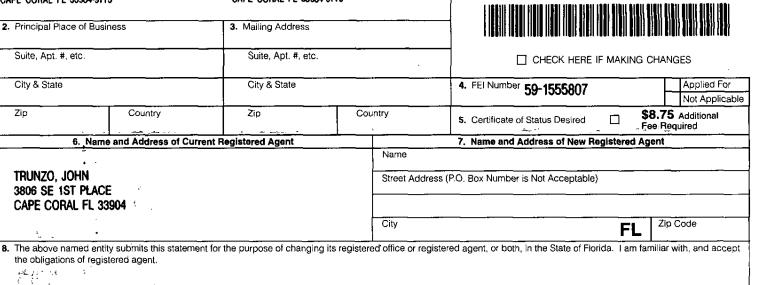
1. Entity Name

CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY,

INC. Principal Place of Business Mailing Address UNTY. INC. UNTY, INC. 4725 VINCENNES BLVD. 4725 VINCENNES BLVD. CAPE CORAL FL 33904-9113 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 Country Zip 6. Name and Address of Current Registered Agent TRUNZO, JOHN 3806 SE 1ST PLACE

FILED Aug 29, 2003 8:00 am secretary of State

08-29-2003 90095 030 ****61 25



DATE

	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$236.25	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11.	 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUNZO, JOHN 3806 SE 1ST PLACE CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP-~	VD FRANCES, HANNAN 2340 S.E. 28TH ST CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, CAROLLO 5301 MALALUKA CT CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICOSTA, VERA 1009 SE 46TH LANE #105 CAPE CORAL FL 33904	□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Change	☐ Addition

City

(NOTE: Registered Agent signature required when reinstating)

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

Frames Hander 239 542-6515