

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90021 046 ****61.25

DOCUMENT # 722745

1. Entity Name

THE ITALIAN AMERICAN CIVIC LEAGUE OF FORT LAUDER

Principal Place of Business

**2310 N.E. 7TH AVE.
FORT LAUDERDALE FL 33305**

Mailing Address

**2310 N.E. 7TH AVE.
FORT LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6151459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALSETTA, FRANK
6600 NE 21ST TERRACE
FT LAUDERDALE FL 33308**

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** ☐ Delete
NAME **PETRECCIA, BERNARD**
STREET ADDRESS **2107 NE 56 PLACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **FALSETTA, FRANK**
STREET ADDRESS **6600 N.E. 21 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **DINATALE, ANGELA**
STREET ADDRESS **3000 NE 39 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BERAGLIS, ROBERTO**
STREET ADDRESS **1811 SE 7TH ST**
CITY-ST-ZIP **POMPANO FL 33060**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **CASORIA, EDWARD**
STREET ADDRESS **2208 NW 4TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **DIMARCO, ROSANNA**
STREET ADDRESS **623 RIVIERA ISLE DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01 954-525-6135

CR2E037 (10/00)