

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738458

1. Entity Name

ITALIAN-AMERICAN SOCIAL CLUB AT PALM COAST, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90136 038 ****61.25

Principal Place of Business	Mailing Address
45 OLD KING'S RD P.O. BOX 351067 PALM COAST FL 32137	45 OLD KING'S RD P.O. BOX 351067 PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1972503	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JAMES ALLEN JR., ESQ.
4440 N OCEAN SHORE BLVD., #109
313 S PALMETTO AV (DAYTONA BCH, FL 32114)
PALM COAST FL 32137

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 _____ (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	V	<input type="checkbox"/> Delete
NAME	BARONE, FRED	
STREET ADDRESS	47 FLEMING WOOD LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	P	<input type="checkbox"/> Delete
NAME	MERCANTE, MICHAEL	
STREET ADDRESS	65 COMANCHE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLAZZO, CARL	
STREET ADDRESS	19 SAN RAFAEL CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LITWAK, ROSEMARIE	
STREET ADDRESS	6 FLORENCE CT	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	AFFRONTI, MIKE	
STREET ADDRESS	6 FELTER LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOIACONO, SONNY	
STREET ADDRESS	22 WEYANOKE LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Fallon, Linda
STREET ADDRESS	6 Florence CT
CITY-ST-ZIP	Palm Coast, FL 32135
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] 01/14/00 (904) 445-1893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)