

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

DOCUMENT #

1. Entity Name

Il Circolo, Inc.

FILED

02 MAY 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3605 S. Ocean Blvd.
Suite, Apt. #, etc.
#307B

3. Mailing Address

P.O. Box 2166
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL
Zip 33480 Country USA

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Palm Beach, FL
Zip 33480 Country USA

4. FEI Number

59-1742639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name A. R. Marzelli

Street Address (P.O. Box Number is Not Acceptable)
3605 S. Ocean Blvd.

City Palm Beach FL Zip Code 33480

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

Lillian Riportella

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

(NOTE: Registered Agent signature required when reinstating)

April 2, 2002
DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D A. Richard Marzelli 3605 S. Ocean Blvd. #307 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Renee T. Silvester 529 So. Flagler Dr. #6E West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Vito Martino 111 Lost Bridge Dr. WPB 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Vincent Gugliemetti 710 SW 18th Ct. Boynton BCH 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lillian Riportella 5080 N. Ocean Dr. Singer Island, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Ginny Pacelli 2720 White Wing Lane W. Palm Beach, FL 33409

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005574636-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/20/02-01046-027 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian Riportella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2002
Date
561-848-7980
Daytime Phone #

CR20057B (12/01)

4/5/17/02



P.O. Box 2166
Palm Beach, FL 33480-2166

The Italian Cultural Society of the Palm Beaches

To
Mr. Justin M. Shivers
Document Specialist

5/6/02

Dear Sir

This will confirm our phone conversation

today -

I am returning this as you requested

Thank you

A. Marzfee

Sgt

738-573