

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

740168

1. Entity Name

Italian-American Golf Association, Inc.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90048 014 \*\*\*\*61.25

Principal Place of Business

2014 A E 7th Avenue  
Tampa, FL 33605

Mailing Address

2014 A E 7th Ave  
Tampa, FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1798244

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Ferlita, Paul J  
766 Argyle Pl  
Temple Terrace, FL 33617

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

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	D	<input type="checkbox"/> Delete
NAME	Ferlita, Paul	
STREET ADDRESS	766 Argyle Pl	
CITY-ST-ZIP	Temple Terrace, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Iacovella, Pat	
STREET ADDRESS	604 1/2 N Franklin St	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rhms Roger	
STREET ADDRESS	2215 Bayshore Blvd #6	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bell, Jim	
STREET ADDRESS	3809 N Tampa St	
CITY-ST-ZIP	Tampa, FL 33603	
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
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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:

*Paul J Ferlita* PAUL J FERLITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

813-218 0488

Date

Daytime Phone #

CR2E037 (9/99)