

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90046 041 \*\*\*\*61.25

**DOCUMENT # 740168**

1. Entity Name

**ITALIAN-AMERICAN GOLF ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2014-A E 7TH AVE  
 TAMPA FL 33605  
 US**

**2014-A E 7TH AVE  
 TAMPA FL 33605  
 US**

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.  
 726 ARGYLE PLACE  
 TAMPA 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

**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  Delete  
 NAME **D FERLITA, PAUL**  
 STREET ADDRESS **726 ARGYLE PLACE**  
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D IACOVELLA, PAT**  
 STREET ADDRESS **604 1/2 N. FRANKLIN ST**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *5104 E Fowler*  
 CITY-ST-ZIP *Tampa, FL 33617*

TITLE  Delete  
 NAME **D RAINS, ROGER**  
 STREET ADDRESS **2525 BAYSHORE BLVD. #E**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE  Change  Addition  
 NAME **Chuck Bruno**  
 STREET ADDRESS **2801 E Hillsborough**  
 CITY-ST-ZIP **Tampa, FL 33610**

TITLE  Delete  
 NAME **D BELL, JIM**  
 STREET ADDRESS **3809 N. TAMPA ST.**  
 CITY-ST-ZIP **TAMPA FL 33603-4743**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-14-02*

Date

*813-248-0488*

Daytime Phone #

CR2E037 (9/01)