

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90081 047 ****61.25

0031284

DOCUMENT # 741595

1. Entity Name

FLORIDA FEDERATION OF ITALIAN/AMERICAN CLUBS, IN C.

Principal Place of Business

**2300 SW 112 AV.
 DAVIE FL 33325
 US**

Mailing Address

**2300 SW 112 AV
 DAVIE FL 33325
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0291114**

Applied For

Not Applicable

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

**CASEY, SHERRY
 2300 SW 112 AVE
 DAVIE FL 33325**

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 **P** ☒ Delete
 NAME **SCLAFANI, LOUIS**
 STREET ADDRESS **P.O. BOX 741**
 CITY-ST-ZIP **VENCIE FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Charles Scalisi**
 STREET ADDRESS **8212 NW 14th Street**
 CITY-ST-ZIP **Plantation, FL 33322**

TITLE **SD** ☒ Delete
 NAME **JENSEN, PHYLLIS**
 STREET ADDRESS **407 SEAGULL AVE**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Arleen Mele**
 STREET ADDRESS **309 N. 31st Ave.**
 CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **TD** ☐ Delete
 NAME **CASEY, SHERRY**
 STREET ADDRESS **2300 SW 112 AVE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **SCALISI, CHARLES**
 STREET ADDRESS **3631 E. CITRUS TRACE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Angelo Nigro**
 STREET ADDRESS **2138 Grove Valley Ave.**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

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 REQUIRED* **Sherry Casey, Treasurer 2/4/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)