

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 749731

1. Corporation Name

ITALIAN AMERICAN CLUB OF VENICE, INC.

Principal Place of Business P.O. BOX 1986 VENICE FL 34284

21

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P. O. BOX 1986 VENICE FL 34284

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90062 002 ****61.25

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3. Date Incorporated or Qualifed

11/08/1979

4. FEI Number

22	,, 0.0.	27]					59-2027560			Not	Applicable
City & State			City & State							\$8.75 A	dditional	
¬ ′			28					5. Certifcate of Statu	us Desired		Fee Red	
23	Country	- 20	Zip	Cot	intry			3. Election Campaig	n Financing		\$5.00	May Be
<u>.</u> .,	25	29	, ·	30				Trust Fund Contri	_		Added to	
9. Name and Address of Current Registered Agent							10	D. Name and Addre	ess of New F	Registered	Agent	
			<u> </u>		81	Name	_					
PD						O C C C C C C C C C C C C C C C C C C C						
SELLITTI, CARL 645 MICHIGAN DR S						82 Street Address (P.O. Box Number is Not Acceptable) 83						
					84	City				FL	85 Zip C	ode
44 = .	60-0-047.0500		647 4500 Flacida Statuto		<u></u>	named .		on authorite this state	amont for the			registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	ano of Flor	ida. Such change was au	is, the a ithorized	d by 1	he corpo	oration's	board of directors.	hereby accep	ot the appo	intment as reg	istered
agent. I a	m familiar with, and accept the obligat	ions o	f, Section 617.0503, Flor	ida Stat	utes.	•						
SIGNATURE												
	Signature, typed or printed name of registered agent			Registered	Agent	signature re	equired whe	n reinstating) ADDITIONS/CHAN	IGES TO OF	DATE FICERS A	ND DIRECTO	2S IN 12
12.	OFFICERS AND DIRECTORS ADD DELETE			-	T1 E	Т	PD	ADDITIONS/CFIAN		I IOLKS A	Change	Addition
TITLE	-VD-		(C) Deceile	1.1 TI		ļ	, ,	NY PEZOS			ondinge	
NAME	PELOSI, TONY			1	AME	- 1		33 TINA		ΣN		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	VENICE FL 34293				ΠΥ- <u>ST</u>	-ZIP		ENKE, FL	- 342	74	- Charge	C Addition
TITLE	T	DELETE			2.1 TITLE		VD	A 44	من دند در		⊡ €hange	Addition
NAME	MALIZIO, VINCENT			2.2 N	AME	1	1711	OCENT M	70121C	•		
STREET ADDRESS	332 DRAKE RD			2.3 \$	TREET	ADDRESS		2 DRAKE		. •		
CITY-ST-ZIP	VENICE FL 34293			2.40	CITY-S1	r-ZIP	\\FJ	VENICE, PL 34293				
TITLE	T	DELETE			3.1 TiTLE V		VD				Change	Addition
NAME	DECLERICO, WILLIAM			3.2 N	AME	ĺ	100	ois south	Aui			
STREET ADDRESS	323 ROSELING CIR			3.3 S	3.3 STREET ADDRESS $ ho$.			130x 742		,		
CITY-ST-ZIP	VENICE FL 34293				3.4. CITY-ST-ZIP			NICE, PL	34284	<u> </u>		
TITLE	S		DELETE	4.1 T	ITLE		-	• • • • • • • • • • • • • • • • • • • •	•		Change	Addition
NAME	MASSUCCI, ROMEO	MASSUCCI ROMEO			IAME	1	WIL	IAM DE CLE	KICO			
STREET ADDRESS	3816 ROXANE BLVD				TREET	ADDRESS	323	POSECINO	6 CIR			
CITY-ST-ZIP	SARASOTA FL 34235				ITY-ST	-ZIP	VEN	VICE, FL 3	34293			_
TITLE	PD		DELETE	5.1 T		1	5				Change	☐ Addition
NAME	CARL, SELLITTI		•	5.2 N	AME	i	TAP	E D'ANGE	w			
STREET ADDRESS				5.3 S	TREET	ADDRESS		I THE PLA		•		
CITY-ST-ZIP	VENICE FL 34293			5.4 C	ITY-ST	-ZIP		OICE, FU 3		5		
TITLE	VD VD	Æ DELETE			ITLE						☐-Change	Addition
NAME	1 <u>1 </u>		*	6.2 N	AME	į	, -	E SOLLi	tto			
	SELLERS, SAM			6.3 S	TREET	ADDRESS	425	CONEAD	PD.			
STREET ADDRESS				1	ITY-ST		יעבולו		34293			
CITY-ST-ZIP	VENICE FL 34293 certify that the information supplied with	h thic	filing does not qualify for				Lin Section	on 119.07(3)(i) Flori	ida Statutes	I further ce	rtify that the in	formation
indicated	on this annual rapert or supplied with		al report is true and accur	one eter	i that	my eigns	a in cook	all have the same let	ral effect as i	f made und	ler nath: that I	am an

4. 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 informatic indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SUSSILITERE CARD SEZENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1499

941-493-6344 Daytime Phone # R2E037 (11/98)

Applied For