

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90025 008 ****61.25

DOCUMENT # N15237

1. Entity Name

OSCEOLA COUNTY LODGE #2523 ORDER OF SONS OF ITALY IN AMERICA, INC.

Principal Place of Business

**524 MISSISSIPPI AVENUE
 ST CLOUD FL 34769-3052
 US**

Mailing Address

**524 MISSISSIPPI AVENUE
 ST CLOUD FL 34769-3052
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 421816

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Zip

Country

Zip

Country

34742 ~~USA~~ USA

4. FEI Number

59-2771497

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

**RACITI, DOROTHY
 560 BITTERWOOD CT
 KISSIMMEE FL 34743**

Name

Raciti, Dorothy

Street Address (P.O. Box Number is Not Acceptable)

560 Bitterwood Ct.

City

Kissimmee

FL

Zip Code

34743

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 **T**
 STREET ADDRESS **UCCELLO, PAUL**
 CITY-ST-ZIP **954 WHISLER CT
 SAINT CLOUD FL 34769**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **COLONNA, JOANN**
 CITY-ST-ZIP **524 MISSISSIPPI AVE
 ST CLOUD FL 34769**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DE GORI, ROBERT**
 CITY-ST-ZIP **419 RIDER CIRCLE
 KISSIMMEE FL 34743**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **UCCELLO, MARIA**
 CITY-ST-ZIP **954 WHISLER CT
 SAINT CLOUD FL 34769**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TESTA, JERRY**
 CITY-ST-ZIP **1781 KINGS CHARVES DRIVE
 KISSIMMEE FL 34744**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COLETTI, VIVETTA**
 CITY-ST-ZIP **166 PINWOOD CIRCLE
 KISSIMMEE FL 34743**

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: *Dorothy Raciti*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)