# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 18, 2000 8:00 am**
**Secretary of State**
04-18-2000 90058 040 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER

A0040161

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 5083<br>SUN CITY CENTER FL 33573-5009 | PO BOX 5083<br>SUN CITY CENTER FL 33571-5083 |

| 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 59-2606236 ☐ 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 |
|---|---|
| LACOPOLA, VINCENT<br>730 MCDANIELS ST<br>SUN CITY CENTER FL 33573 | Name JOSEPH A. CALVIELLO<br>Street Address (P.O. Box Number is Not Acceptable) 2117 PLATINUM DRIVE<br>City SUN CITY CENTER FL Zip Code 33573 |

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 Joseph A. Calviello
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LACOPOLA, VINCENT<br>730 MCDANIELS ST<br>SUN CITY CENTER FL | ☑ Delete | PD<br>JOSEPH A. CALVIELLO<br>2117 PLATINUM DR.<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CALVIELLO, JOSEPH<br>2117 PLATINUM DR<br>SUN CITY CENTER FL | ☑ Delete | VP<br>BRIDGET CASSESE<br>2443 NANTUCKET HARBOR LOOP<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MUCCIO, JOHN<br>2527 LONGIAN PL<br>SUN CITY CENTER FL | ☑ Delete | VD<br>MILLIE EDLING<br>1128 NEW WINSDOR LOOP<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RS<br>MAURO, JOSEPHINE<br>409 GLADSTONE PL<br>SUN CITY CENTER FL | ☑ Delete | RS<br>JOAN SIGNORE<br>1007 MC DANIELS ST.<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CS<br>MONTAGNA, REGGIE<br>1922 NEW BEDFORD DR<br>SUN CITY CENTER FL | ☑ Delete | CS<br>JULIA CASTIGLIONE<br>1537 INGRAM DR.<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CONNORS, MARY<br>1113 EL RANCHO DR<br>SUN CITY CENTER FL | ☑ Delete | TREAS.<br>JOSEPH MARMO<br>705 STAFFORDSHIRE LANE<br>SUN CITY CENTER, FL. | ☑ Change ☐ Addition |

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:** Joseph A. Calviello JOSEPH A. CALVIELLO 5-7-2000 (813)634-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #