4/26

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
04-26-2001 90019 014 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER

Principal Place of Business	Mailing Address
PO BOX 5083 SUN CITY CENTER FL 33573-5009	PO BOX 5083 SUN CITY CENTER FL 33573-5009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 5083	P.O. Box 5083
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUN CITY CENTER, FL.	City & State: SUN CITY CENTER, FL.
Zip: 33571-5083 Country: U.S.A.	Zip: 33571-5083 Country: U.S.A.

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

CALVIELLO, JOSEPH A
2117 PLATINUM DRIVE
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name JOSEPH MARMO
Street Address (P.O. Box Number is Not Acceptable) 705 STAFFORDSHIRE LANE
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.

JOSEPH MARMO
SIGNATURE Joseph Marmo APRIL 18, 2001
Signature, type 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 LACOPOLA, VINCENT 730 MCDANIELS ST SUN CITY CENTER FL	☐ Delete	PD BRIDGET CASSEJE 2443 NANTUCKET HARBOR I.P. SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALVIELLO, JOSEPH 2117 PLATINUM DR SUN CITY CENTER FL	☐ Delete	VPD VINCENT LACOPOLA 730 McDANIEL ST SUN CITY CENTER.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MUCCIO, JOHN 2527 LONGIAN PL SUN CITY CENTER FL	☐ Delete	VP MILLIE EDLING 1128 NEW WINSOR LOOP SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS MAURO, JOSEPHINE 409 GLADSTONE PL SUN CITY CENTER FL	☐ Delete	T JOSEPH MARMO 705 STAFFORDSHIRE LANE SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS MONTAGNA, REGGIE 1922 NEW BEDFORD DR SUN CITY CENTER FL	☐ Delete	S ROSEMARIE TROMBETTA 919 VILLEROY GREENS DR. SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONNORS, MARY 1113 EL RANCHO DR SUN CITY CENTER FL	☐ Delete	D JOHN MUCCIO 2527 LONIGAN PL. SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition

CR2E037 (10/00)

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 MARMO Joseph Marmo APRIL 18, 2001 (813) 633-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #