2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90309 009 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER CORPORATION

Principal Place of Business	Mailing Address
PO BOX 5083 SUN CITY FL 33571-5083	PO BOX 5083 SUN CITY FL 33571-5083

DO NOT WRITE IN THIS SPACE

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
MARMO, JOSEPH 705 STAFFORDSHIRE LANE SUN CITY CENTER FL 33573	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CASSESE, BRIDGET 2443 NANTUCKET HARBOR LP SUN CITY CENTER FL 33573	☒ Delete	PD VINCENT LACOPOLA 730 MCDANIEL ST. SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LACOPOLA, VINCENT 730 MC DANIEL ST. SUN CITY CENTER FL	☐ Delete	VPD MILLIE EDLING 1128 NEW WINSOR LOOP SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDLING, MILLIE 1128 NEW WINSOR LOOP SUN CITY CENTER FL 33573	☐ Delete	VP JULIA TARANTOLA 402 DORCHESTER PLACE SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARMO, JOSEPH 705 STAFFORDSHIRE LANE SUN CITY CENTER FL 33573	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TROMBETTA, ROSEMARIE 919 VILLEROY GREENS DR. SUN CITY CENTER FL 33573	☒ Delete	SD JOHN MUCCIO 2527 LONIGAN PLACE SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUCCIO, JOHN 2527 LONIGAN PLACE SUN CITY CENTER FL 33573	☐ Delete	D JULIA CASTIGLIONE 1537 INGRAM DRIVE SUN CITY CENTER, FL. 33573	☒ Change ☐ Addition

CR2E037 (9/01)

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 4/18/02 (813)633-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #