

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90078 039 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER CORPORATION



Principal Place of Business

PO BOX 5083
SUN CITY FL 33571-5083

Mailing Address

PO BOX 5083
SUN CITY FL 33571-5083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2606236**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
NAME: LACOPOLA, VINCENT ☐ Delete
STREET ADDRESS: 730 MCDANIEL ST.
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: PD ☒ Change ☐ Addition
NAME: MILLIE EDLING
STREET ADDRESS: 1128 NEW WINDSOR LOOP
CITY-ST-ZIP: SUN CITY CENTER, FL. 33573

TITLE: VPD ☐ Delete
NAME: EDLING, MILLIE
STREET ADDRESS: 1128 NEW WINDSOR LOOP
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: VPD ☒ Change ☐ Addition
NAME: JULIA TARANTOLA
STREET ADDRESS: 402 DORCHESTER PLACE
CITY-ST-ZIP: SUN CITY CENTER, FL. 33573

TITLE: VP ☐ Delete
NAME: TARANTOLA, JULIA
STREET ADDRESS: 402 DORCHESTER PLACE
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: VP ☒ Change ☐ Addition
NAME: ARLENE SCOLNICK
STREET ADDRESS: 2214 PLATINUM DR.
CITY-ST-ZIP: SUN CITY CENTER, FL. 33573

TITLE: T ☐ Delete
NAME: MARMO, JOSEPH
STREET ADDRESS: 705 STAFFORDSHIRE LANE
CITY-ST-ZIP: SUN CITY CENTER FL 33573

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

TITLE: SD ☐ Delete
NAME: MUCCIO, JOHN
STREET ADDRESS: 2527 LONIGAN PLACE
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: SD ☒ Change ☐ Addition
NAME: MARION VINCI
STREET ADDRESS: 218 LARKIN DR.
CITY-ST-ZIP: SUN CITY CENTER, FL. 33573

TITLE: D ☐ Delete
NAME: MUCCIO, JOHN
STREET ADDRESS: 1537 INGRAM DRIVE
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: D ☐ Change ☐ Addition
NAME: ANTHONY DONOFRIO
STREET ADDRESS: 715 MASTERPIECE DR.
CITY-ST-ZIP: SUN CITY CENTER, FL. 33573

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) 4/9/03 (813) 633-5992

CR2E037 (10/02)