2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90023 050 ****70.00

DOCUMENT # N21578

1. Entity Name

SONS OF ITALY OF AMERICA 2436, INC.

Principal Place of Business	Mailing Address
3825 FLAGLER AVE KEY WEST FL 33040 US	P.O. BOX 5838 KEY WEST FL 33045 US

2. Principal Place of Business	3. Mailing Address
5610 COLLEGE Rd	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST, FL.	City & State
Zip: 33040 Country: MONROE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE — 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
SCHMITT, MARY L 257 AVE A KEY WEST FL 33040	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 Mary L. Schmitt REMAINS THE SAME 7/13/01

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
After September 12, 2001, min. will be $236.25

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHMITT, MARY L	NAME	
STREET ADDRESS	257 AVE A	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRUMBO, CARRIE	NAME	
STREET ADDRESS	3101 RIVIERA	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	DO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUDWIG, THERESA	NAME	
STREET ADDRESS	1523 LAIRD STREET	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	DOFS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACOBELLIS, GELSIE	NAME	
STREET ADDRESS	3312 NORTHSIDE DRIVE APT. 513	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 a other like empowered.

SIGNATURE: Mary L Schmitt SIGNATURE REQUIRED 7/13/01 305-296-8312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)