

FILED  
Apr 07, 2003 8:00 am  
Secretary of State

03-24-2003 91017 040 \*\*\*\*61.25

55022825

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

YEAR <sup>31</sup>

DOCUMENT # *N 33486*

1. Entity Name

*ITALIAN AMERICAN CLUB  
OF LAKE COUNTY, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

*EUSTIS, FL*

Zip

*32726*

Country

*LAKE*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*EUSTIS, FL*

Zip

*32726*

Country

*LAKE*

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name *JULIUS J. DEGRECORIO*

Street Address (P.O. Box Number is Not Acceptable)  
*2710 WASHINGTON AVE.*

City *EUSTIS*

FL

Zip Code  
*32726*

**DO NOT WRITE  
IN THIS SPACE**

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.

*JULIUS J. DEGRECORIO*

SIGNATURE

*Julius J. Degregorio*

(NOTE: Registered Agent signature required when reinstating)

DATE

*✓ 3-17-03*

FEE IS \$61.25

Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>D</i>	<i>PAT MESSINA</i>	<i>104 POINSETTA COVE</i>	<i>LEESBURG, FL 34748</i>
<i>T</i>	<i>V.P. JOE PLUCHINO</i>	<i>24406 HIGHLAND DR.</i>	<i>EUSTIS, FL 32736</i>
	<i>TREASURER</i>		
	<i>HELEN DEMEO</i>	<i>101 MOUNT HOMER RD</i>	<i>APT A-1 EUSTIS, FL 32726</i>
	<i>SECRETARY</i>		
	<i>CATHY CESARIO</i>	<i>147 LAKE ANDREA CIR</i>	<i>MOUNT DORA, FL 32757</i>
<i>T</i>	<i>JOE LIBERNINI</i>	<i>41516 C.R. 452</i>	<i>LEESBURG FL 34788</i>
<i>T</i>	<i>JULIUS J. DEGRECORIO</i>	<i>2710 E WASHINGTON AVE</i>	<i>EUSTIS FL 32726</i>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

2. 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 on an attachment with an address, with an other like empowered.

SIGNATURE: *✓ Joe Pluchino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/18/03*

Date

*HSE GARYAN  
RECEIVED  
352-383-1191*

Daytime Phone

CR2E037B (12/02)