

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90415 027 ****61.25

DOCUMENT # N95000004339

1. Entity Name

NEW YORK SOCIAL CLUB OF PALM COAST, INC.

Principal Place of Business

Mailing Address

ITALIAN-AMERICAN CLUB
 45 OLD KINGS RD.
 PALM COAST FL 32137
 US

P.O. BOX 353519
 PALM COAST FL 32135-3519
 US

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

65-0191133

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLANAGAN, MAUREEN
 117 FORRESTER PL
 PALM COAST FL 32137

Name **DENNIS J CREDEN**

Street Address (P.O. Box Number is Not Acceptable)

187 ASHBURY LA

City **FLORIDA BEACH FL** Zip Code **32136**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/02
 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 PD
 NAME FLANAGAN, MAUREEN Delete
 STREET ADDRESS 117 FORRESTER PL
 CITY-ST-ZIP PALM COAST FL 32137

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP
 NAME MARTINETTI, ANTHONY Delete
 STREET ADDRESS 31 FLINT HILL LN
 CITY-ST-ZIP PALM COAST FL 32137

TITLE VP
 NAME LUCIA PLACENTI Change Addition
 STREET ADDRESS 1 WAGON WHEEL PL
 CITY-ST-ZIP PALM COAST FL 32164

TITLE TD
 NAME ESPTEIN, HENRIETTA Delete
 STREET ADDRESS 20 N CLARIDGE CT
 CITY-ST-ZIP PALM COAST FL 32137

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME ~~CROODON, DINE~~
 STREET ADDRESS 11 WHIPPOWILL LN
 CITY-ST-ZIP PALM COAST FL 32164

TITLE Change Addition
 NAME CREDEN DENIS
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME PERRETTO, JEAN Delete
 STREET ADDRESS 98 WYNNFIELD FR
 CITY-ST-ZIP PALM COAST FL 32164

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP
 NAME AMMIRATO, BELLE Delete
 STREET ADDRESS 33 CHRISTOPHER CT
 CITY-ST-ZIP PALM COAST FL 32137

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 386-446-7593
 Date Daytime Phone #

CR2E037 (9/01)