

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90106 008 ****61.25

DOCUMENT # N97000001315

1. Entity Name

IL CIRCOLO FOUNDATION OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

5895 WHIRLAWAY RD
 PALM BEACH GARDENS FL 33418
 US

5895 WHIRLAWAY RD
 PALM BEACH GARDENS FL 33418
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3605 S. Ocean Blvd.

3605 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308-B

308-B

City & State

City & State

Palm Beach FL

Palm Beach FL

4. FEI Number

65-0803351

Applied For

Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

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

SAFRAN/ PAUL JR
5895 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

Name
MARZELLI, A. Richard

Street Address (P.O. Box Number is Not Acceptable)
3605 S. Ocean Blvd. # 307-B

City **Palm Beach** FL Zip Code **33480**

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 **A. Richard Marzelli, Vice President**

1/22/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **SAFRAN, PAUL JR**
 STREET ADDRESS **5895 WHIRLAWAY RD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **PD** Change Addition
 NAME **SMITH, JANE**
 STREET ADDRESS **3605 S. Ocean Ave #308-B**
 CITY-ST-ZIP **Palm Beach FL 33480**

TITLE **VD** Delete
 NAME **FORTE, S. VINCENT**
 STREET ADDRESS **2540 BOUNDBROOK BLVD #106**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AVD** Delete
 NAME **MARZELLI, A. RICHARD**
 STREET ADDRESS **3605 S OCEAN BLVD APT. 307B**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME **MARZELLI, A. Richard**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GUGLIEMINI, VINCENT**
 STREET ADDRESS **710 SW 18TH COURT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **RIPORELLA, LILLIAN**
 STREET ADDRESS **5080 N OCEAN BLVD APT 50**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Jane Smith, President**

1/22/02

582-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)