

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

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90140 050 \*\*\*\*61.25

DOCUMENT # **N97000001315**  
1. Entity Name  
**IL CIRCOLO FOUNDATION OF THE PALM BEACHES, INC.**



Principal Place of Business Mailing Address  
**3605 S OCEAN BLVD** **3605 S OCEAN BLVD**  
~~300 B~~ ~~300 B~~  
**PALM BEACH FL 33480** **PALM BEACH FL 33480**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
**3605 S. Ocean Blvd.** **3605 S. Ocean Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#307-B** **#307-B**

CHECK HERE IF MAKING CHANGES

City & State City & State  
**Palm Beach FL** **Palm Beach FL**  
Zip Country Zip Country  
**33480** **US** **33480** **US**

4. FEI Number **65-0803351** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARZELI, RICHARD A**  
**3605 S OCEAN BLVD 307 B**  
**PALM BEACH GARDENS FL ~~33411~~ 33480**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JANE</b>	
STREET ADDRESS	<b>3605 S OCEAN AVE 308 B</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FORTE, S. VINCENT</b>	
STREET ADDRESS	<b>2540 BOUNDBROOK BLVD #108</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>AVD</b>	<input type="checkbox"/> Delete
NAME	<b>MARSELLI, RICHARD</b>	
STREET ADDRESS	<b>3605 S OCEAN BLVD APT. 307B</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GUGLIEMINI, VINCENT</b>	
STREET ADDRESS	<b>710 SW 18TH COURT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPORELLA, LILLIAN</b>	
STREET ADDRESS	<b>5080 N OCEAN BLVD APT 50</b>	
CITY-ST-ZIP	<b>SINGER ISLAND FL 33404</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smith, Jane</b>	
STREET ADDRESS	<b>3605 S. Ocean Ave #307</b>	
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>AVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARZELLI, A. Richard</b>	
STREET ADDRESS	<b>3605 S. Ocean Blvd. #307B</b>	
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUGLIEMETTI, Vincent</b>	
STREET ADDRESS	<b>710 SW 18TH COURT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIPORTELLA, LILLIAN</b>	
STREET ADDRESS	<b>5080 N. Ocean Blvd.</b>	
CITY-ST-ZIP	<b>N. Singer Island - FL 33409</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **JANE M. Smith** 2/14/03 231-582-3158

CR2E037 (10/02)