1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000448

1. Corporation Name

ORDER SONS ITALY - CENTRAL GULF COAST LODGE, INC . #2708

Principal Place of Business C/O FRANK VERICELLA PO BOX 2525 TARPON SPRINGS FL 34681 Mailing Address

C/O FRANK VERICELLA PO BOX 2525 TARPON SPRINGS FL 34681

FILED May 03, 1999 8:00 am § Secretary of State

05-03-1999 90049 022 ****61.25





2. Principal Place of Business	2a. Mailing Address		24	3. Date Incorporated or Qualifed				
21 T.S. LIBRARY	26 17.0. 120x 2521	45	-11	01/26/1998		1		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4." FEI Number			Applicable	
22	27		_				Applicable	
City & State 23 ARpor SPS. FL	City & State Sp. Q	116-8	<u> </u>	5. Certificate of Status Desired		\$8.75 Ac		
Zip Country 24 25	29 3 4689 30	Country 5	A	Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	•	
9. Name and Address of Current	11 / (* *			10. Name and Address of New R	egistered Ag	jent		
		81 Na	ame					
VEDICELLA EDANK			ROL Over Address (D.O. Bay Number in Net Assestable)					
VERICELLA, FRANK 722 HIDDEN LAKE DRIVE TARPON SPRINGS FL 34689			82 Street Address (P.O. Box Number is Not Acceptable)					
TAHPUN SPHINGS FL 34009						(1 - : 5		
		84 Ci	ty		FI	85 Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502	and 617 1508 Florida Statutes th	e above-na	med comos	ration submits this statement for the	ourpose of ch	anging its r	egistered	
office or registered agent, or both, in the State of	f Florida. Such change was authori	ized by the	corporation	n's board of directors. I hereby accep	t the appoints	nent as reg	istered	
agent. I am familiar with, and accept the obligati	ons of, Section 617.0503, Florida S	Statutes.						
SIGNATURE SIC PACE I	NOTE: Paris	tered Agent sign	eture required y	when reinstating)	DATE			
12. Frank & Diana Vericelli	TO TE. HOUSE	13.		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	
TIDE I I	a <u>E</u> 1	1.1 TITLE				Change	☐ Additio	
NAME 722 Hidden Lake Drive	f	1.2 NAME	1					
STREET ADDRESS Tarpon Springs, FL 346	580	1.3 STREET ADD	PESS					
STREET ADDRESS	56	1.4 CITY-ST-ZIP		CEPRESIDENT		,		
		2.1 TITLE	V /	xander Casatelli		hange	Addition	
1 110 1719 18 16 17 33 18	77	2.2 NAME		29 Gulf Rd	•		<i>,</i> ,	
1119 301- 7-1 16106		2.3 STREET ADD				1	- ' .	
Tama . San am	F1 34689	2. 4 CITY-ST-ZIF	2 141	rpon Springs, FL 34689				
TITLE 1	DELETE	3.1 TITLE		REARILED	7	∡ ange	Addition	
NAME	_	3.2 NAME	Ma	RIAS LER ary Casatelli	/	•	,	
STREET ADDRESS		3.3 STREET ADD		085 US 19 North #91				
50 100		3.4. CITY+ST-ZIF		rpon Springs, FL 34689				
TITLE Frank Stillo		4.1 TITLE		,		iange	Addition	
NAME 1813 Mariner Drive Apt #1	-	4. 2 NAME	`I		_	,		
· · · · · · · · · · · · · · · · · · ·		4.3 STREET ADD	RESS			_		
STREET ADORES Tarpon Springs, FL 34689		4.4 CITY-ST-ZIP						
TITLE TAUSTEE		5.1 TITLE				☐ Change	Addition	
TITLE TAUSTER NAME Diana B. Vericella	•	5.2 NAME				-		
STREET ADDRESS 722 Hidden Lake Drive	· · · · · · · · · · · · · · · · · · ·	5.3 STREET ADD	RESS					
Tarnan Curinan FI 2/68	g	5.4 CITY-ST-ZIP	.					
TOICEG	· Selete f	6.1 TITLE				☐ Change	Addition	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	201	6.2 NAME			•	-		
I II A ATHURALIA SA	_	6.3 STREET ADD	RESS					
	. 4.6	5						
CITY-ST-ZIP I APRON > Prince 1-	~ 2.4%X] ■	6.4 CITY-ST-ZIP	.]					

Thereby certify that the information supplied with this filling does not qualify for the exemple stated in Section 19.07(3), include statutes. The transfer 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CKZE037 (11/98)