

DOCUMENT # N98000000448

1. Entity Name

ORDER SONS ITALY - CENTRAL GULF COAST LODGE, INC

FILED

00 FEB 25 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

801271



DO NOT WRITE IN THIS SPACE

Principal Place of Business

T. S. LIBRARY
PO BOX 2525
TARPON SPRINGS FL 34681

Mailing Address

C/O FRANK VERICELLA
PO BOX 2525
TARPON SPRINGS FL 34689-2525

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERICELLA, FRANK
722 HIDDEN LAKE DRIVE
TARPON SPRINGS FL 34689

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.

SIGNATURE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VERICELLA, FRANK	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRASS, JOHN	
STREET ADDRESS	1119 SUNSET RIDGE LA	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	STILLO, FRANK	
STREET ADDRESS	1813 MARINER DR #144	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	VERICELLA, DIANA B	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTOCCI, ROCHINA	
STREET ADDRESS	118 WATERBURY DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASATELLI, ALEXANDER	
STREET ADDRESS	1629 GULF RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERICELLA FRANK	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMELLA BLOODGOOD	
STREET ADDRESS	779 BRITANY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	STILLO FRANK TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLO FRANK TRUSTEE	
STREET ADDRESS	1813 MARINER DR #144	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VERICELLA DIANA B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERICELLA DIANA B	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILDRED COOPER	
STREET ADDRESS	912 BELTED KINGFISHER DR S	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	PRESIDENT / TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASATELLI ALEXANDER	
STREET ADDRESS	1629 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Handwritten Signature) CASATELLI 1-10-2000 727-942-8714

CR2E037 (9/99)