

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000448

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERICELLA, FRANK
722 HIDDEN LAKE DRIVE
TARPON SPRINGS FL 34689

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 PP
NAME VERICELLA, FRANK ☐ Delete
STREET ADDRESS 722 HIDDEN LAKE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VP
NAME BLOODGOOD, CARMELLA ☐ Delete
STREET ADDRESS 779 BRITTANY PARK BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE T
NAME STILLO, FRANK ☐ Delete
STREET ADDRESS 1813 MARINER DR- #144
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE T
NAME VERICELLA, DIANA B ☐ Delete
STREET ADDRESS 722 HIDDEN LAKE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S
NAME COOPER, MILDRED ☐ Delete
STREET ADDRESS 912 BELTED KINGFISHER DR. S
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PT
NAME CASATELLI, ALEXANDER ☐ Delete
STREET ADDRESS 1629 GULF RD
CITY-ST-ZIP TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2002

727-934-1524

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90075 050 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)