

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90140 041 \*\*\*\*61.25

**DOCUMENT # N98000004421**

1. Entity Name

**SONS OF ITALY FLORIDA FOUNDATION, INC.**

Principal Place of Business

17905 BONIELLO DRIVE  
 BOCA RATON FL 33496

Mailing Address

17905 BONIELLO DRIVE  
 BOCA RATON FL 33496-1550

2. Principal Place of Business

3108 NASSAU STREET WEST  
 TAMPA FL 33607

3. Mailing Address

3108 NASSAU STREET WEST  
 TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2909031**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTELLANO, FRANK**  
**3108 NASSAU STREET WEST**  
**TAMPA FL 33607**

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

*Frank V. Castellano* 1-16-2000

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>D'ALESSANDRO, SALVATORE</b>	
STREET ADDRESS	<b>3781 NW 35 STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BONIELLO, ROSEMARIE</b>	
STREET ADDRESS	<b>17905 BONIELLO DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTELLANO, FRANK</b>	
STREET ADDRESS	<b>3108 NASSAU STREET WEST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STATE PRESIDENT\CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK CASTELLANO</b>	
STREET ADDRESS	<b>3108 NASSAU STREET WEST</b>	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 33607</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALVATORE D'ALESSANDRO</b>	
STREET ADDRESS	<b>3781 NW 35TH STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FLORIDA 33066</b>	
TITLE	<b>IMMEDIATE PAST PRESIDENT\TRUSTEE</b>	<input type="checkbox"/> Addition
NAME	<b>ROSEMARIE BONIELLO</b>	
STREET ADDRESS	<b>17905 BONIELLO DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON, FLORIDA 33496</b>	
TITLE	<b>1ST VICE-PRESIDENT\TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNIS PIASIO</b>	
STREET ADDRESS	<b>5187 WOODSTONE CIRCLE E</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FLORIDA 33463</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:

*Frank V. Castellano* 1-16-2000 954/969-9064

CR2E037 (9/99)