

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2000 08:00 AM
Secretary of State

DOCUMENT # N07956

1. Entity Name

ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, IN
C. POST 4 ORLANDO, FLORIDA

Principal Place of Business

Mailing Address

ITALIAN AMERICAN SOCIAL CLUB
PO BOX 57411
ORLANDO FL
328574111 US

P.O. BOX 570876
ORLANDO FL
328570876 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2597227

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINELLA ALEXANDER
2019 SANTA ANTILLES RD

ORLANDO FL
32806

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.)

01/21/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FINELLA ALEXANDER
STREET ADDRESS 2019 SANTA ANTILLES RD
CITY-ST-ZIP ORLANDO FL 32806

TITLE SD ☒ Change ☐ Addition
NAME RUBINO LEWIS A
STREET ADDRESS 1081 ALVINA LANE
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD ☒ Delete
NAME SYRING LAVERNE
STREET ADDRESS 8212 CASCADE OAKS DR
CITY-ST-ZIP ORLANDO FL

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

TITLE TD ☐ Delete
NAME BADOLATO EUGENE
STREET ADDRESS 1694 WINGSPAN WAY
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE TD ☒ Change ☐ Addition
NAME BADOLATO EUGENE
STREET ADDRESS 1694 WINGSPAN WAY
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VD ☐ Delete
NAME BRESSI ANTHONY
STREET ADDRESS 720 DELANEY AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☒ Change ☐ Addition
NAME BRESSI ANTHONY
STREET ADDRESS 720 DELANEY AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE PD ☐ Delete
NAME FINELLA ALEXANDER
STREET ADDRESS 2019 SANTA ANTILLES RD
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☐ Addition
NAME FINELLA ALEXANDER
STREET ADDRESS 2019 SANTA ANTILLES RD
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
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.