

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90130 023 ****61.25

DOCUMENT # N98000002533

1. Entity Name

SICILIAN-AMERICAN CULTURAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**7998 TEXAS TRAIL
BOCA RATON FL 33487**

**7998 TEXAS TRAIL
BOCA RATON FL 33487-1428**

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

65-0830487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, ALVIN A
7998 TEXAS TRAIL
BOCA RATON FL 33487**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, ALVIN A	
STREET ADDRESS	7988 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPINELLA, JOSEPH	
STREET ADDRESS	4430 NE 30TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DISTEFANO, ARTHUR	
STREET ADDRESS	5701 NW 2ND AVE #201	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, ROSALIE	
STREET ADDRESS	7998 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOFRIA, CAMILE	
STREET ADDRESS	2914 OLD BRIDGE TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COSENTINO, SALVATORE	
STREET ADDRESS	23357 LAGO DEL MAR CR.	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDO CAMILLUCCI	
STREET ADDRESS	4250 NW 30TH ST #158	
CITY-ST-ZIP	COCONUT CREEK, FL. 33066	
TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE COSENTINO	
STREET ADDRESS	23357 LAGO DEL MAR CR.	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE CAMPAGNA	
STREET ADDRESS	5957 ROYAL ISLES BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA CAMPAGNA	
STREET ADDRESS	5957 ROYAL ISLES BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	

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:

ALVIN A. ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 2000

Date

Daytime Phone #

561 998-9732

CR2E037 (9/99)