

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733569

1. Entity Name

ORDER SONS OF ITALY IN AMERICA, LAKE WORTH-BOYNT

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90153 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3595 2ND AVE. N.  
LAKE WORTH FL 33461

2693-D E. BARKLEY  
WEST PALM BEACH FL 33415-8132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6510843

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

7. Name and Address of New Registered Agent

MANIELLI, J P  
1615 FORUM PLACE  
STE 5-5  
WEST PALM BEACH FL 33401

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 P ☒ Delete  
NAME SPERA, P  
STREET ADDRESS 3595 2ND AVE N  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS ADDONE, MARY JANE  
CITY-ST-ZIP 2693 E BARKLEY DR  
WEST PALM BEACH FL 33415

TITLE VP ☐ Delete  
NAME ADDONE, MARY JANE  
STREET ADDRESS 2693 E. BARKELEY  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS MANCUSI, PHILIP  
CITY-ST-ZIP 110 WEST PALM AVE  
FLORIDA GARDENS, FL 33467

TITLE D ☐ Delete  
NAME MICELOTTA, BOB  
STREET ADDRESS 7334 ASHLEY SHORES CIR  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MICELOTTA, ROBERT  
CITY-ST-ZIP 3266 JOG PARK DR  
GREENACRES, FL 33467

TITLE TD ☐ Delete  
NAME MANCUS, PHILIP  
STREET ADDRESS 110 W. PALM AVE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS ALMAIS, MARY JANE  
CITY-ST-ZIP 6205 BALMY COURT  
BOYTON BEACH, FL 33437

TITLE D ☐ Delete  
NAME MANCINI, BOBBIE  
STREET ADDRESS 2724 N. GARDEN AVE #102  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME T.D  
STREET ADDRESS SCHIRO, LOUISE  
CITY-ST-ZIP 141-C2 LAKE PINE CIR  
LAKE WORTH, FL 33463

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.

SIGNATURE:

*Mary Jane Addone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)