

6/20

FILED

Aug 10, 2001 8:00 am  
Secretary of State

06-20-2001 90014 041 \*\*\*\*70.50

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07956

1. Entity Name

ITALIAN AMERICAN WAR VETERANS OF THE UNITED STAT

Principal Place of Business

ITALIAN AMERICAN SOCIAL CLUB  
PO BOX 57411  
ORLANDO FL 32857-4111  
US

Mailing Address

P.O. BOX 570676  
ORLANDO FL 32857-0676  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2597227

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

FINELLA, ALEXANDER  
2019 SANTA ANTIILLES RD  
ORLANDO FL 32806

Name MARCIA DE MARZO

Street Address (P.O. Box Number is Not Acceptable)

472 WILD FOX DR

CASSELBERRY

City

FL

Zip Code

32707

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)

8/2/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FINELLA, ALEXANDER	
STREET ADDRESS	2019 SANTA ANTIILLES RD	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	MARCIA DE MARZO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA DE MARZO	
STREET ADDRESS	472 WILD FOX DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRESSI, ANTHONY	
STREET ADDRESS	720 DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	BADOLATO, EUGENE	
STREET ADDRESS	1694 WINGSPAN WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBINO, LEWIS A	
STREET ADDRESS	1081 ALVINA LANE	
CITY-ST-ZIP	OVIDO FL 32765	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(f), 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:

Eugene Badolato  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/01

Date

407-365-4123

Daytime Phone #

CR2E037 (10/00)