

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90085 044 ****66.25

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DOCUMENT # N92000000593

1. Entity Name

THE GULF COAST ITALIAN CULTURE SOCIETY, INC.

Principal Place of Business

C/O ELI G. CHATSON
 5408 EAGLES POINT CIRCLE
 SARASOTA FL 34231
 US

Mailing Address

P. O. BOX 25321
 SARASOTA FL 34277
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

CHATSON, ELI G.
5408 EAGLES POINT CIRCLE
SARASOTA FL 34231

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 NAME STREET ADDRESS CITY-ST-ZIP	P THURSTON, GABRIELLA 4156 HEATHERSTONE DRIVE SARASOTA FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREITAG, PIERA 3834 SURREY COURT SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCACCHETT, RICHARD 7367 STACY LANE SARASOTA FL 34241 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC ENTEE, MARIE 4473 LONGMEADOW SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSENTINO, MARIE 8021 BOBCAT CIRCLE SARASOTA FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPOLIello, RUTH 7574 TORI WAY BRADENTON FL 34202 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORSENTINO, PATRICK 8021 BOBCAT CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTRABERTI, ARTHUR 4348 BRANDYWINE DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHATSON, ELI 5408 EAGLES POINT CIR. SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MC ENTEE, MARIE 3024 ROSEMEAD SARASOTA, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, LINDA 4781 SWEETMEADOW CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINZI, JOHN 4433 OAKLEY GREEN SARASOTA, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELI G. CHATSON

1/8/02 (941) 923-7326
 Date Daytime Phone

CFR2037 (9/01)