

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90089 026 ****61.25

DOCUMENT # N07956

1. Entity Name

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

Principal Place of Business

Mailing Address

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

**P.O. BOX 570876
 ORLANDO FL 32857-0876
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MARZO, MARCIA
 472 WILD FOX DR
 CASSELBERRY FL 32707**

Name **GENE BADOLATO**

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

1694 WINGSPAN WAY

City **WINTER SPRINGS**

FL Zip Code **32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gene Badolato **GENE BADOLATO QUARTERMASTER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **09-12-02**

**After September 13, 2002,
 min. will be \$236.25.**

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	PD DE MARZO, MARCIA 472 WILD FOX DR CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRESSI, ANTHONY 720 DELANEY AVE ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BADOLATO, EUGENE 1694 WINGSPAN WAY WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBINO, LEWIS A 1081 ALVINA LANE OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. CMDR. DAVE ROBINSON 5375 KESWICK CT, ORLANDO FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. VICE CMDR, JOHN TRENT 773 S. EDMON AVE WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Gene Badolato **GENE BADOLATO** 09/02/02 407-365-4123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)