NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) YEAR 3/

FILED
Apr 07, 2003 8:00 am
Secretary of State
03-24-2003 91017 040 ****61.25

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DOCUMENT # N33486

1. Entity Name
ITALIAN AMERICAN CLUB OF LAKE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o JULIUS DEGREGORIO 2710 WASHINGTON AVE. Suite, Apt. #, etc.
City & State: EUSTIS, FL	City & State: EUSTIS, FL
Zip: 32726 Country: LAKE	Zip: 32726 Country: LAKE

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JULIUS J. DEGREGORIO
Street Address (P.O. Box Number is Not Acceptable): 2710 WASHINGTON AVE.
City: EUSTIS FL Zip Code: 32726

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.

JULIUS J. DEGREGORIO
SIGNATURE: Julius J DeGregorio 3-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D	PRESIDENT
NAME	PAT MESSINA
STREET ADDRESS	104 POINSETTA COVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE T	V.P.
NAME	JOE PLUCHINO
STREET ADDRESS	21406 HIGHLAND DR.
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	TREASURER
NAME	HELEN DeMEO
STREET ADDRESS	701 MOUNT HOMER RD APT A-1
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	SECRETARY
NAME	CATHY CESARIO
STREET ADDRESS	7747 LAKE ANDREA CIR
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE T	
NAME	JOE LIBERNINI
STREET ADDRESS	41516 C.R. 452
CITY-ST-ZIP	LEESBURG FL 34788
TITLE T	
NAME	JULIUS J DEGREGORIO
STREET ADDRESS	2710 E WASHINGTON AVE
CITY-ST-ZIP	EUSTIS FL 32726

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Pluchino 3/12/03 HOE GARMAN ACCOUNTANT 352-383-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #