

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714230

1. Entity Name

DA VINCI ITALIAN AMERICAN SOCIETY, INC.

Principal Place of Business

P.O. BOX 541101
MERRITT ISLAND FL 32954

Mailing Address

P.O. BOX 541101
MERRITT ISLAND FL 32954

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~DE CARLO, ANTONY~~
~~2375 RAIN TREE LAKE CIR~~
~~MERRITT ISLAND FL 32953~~

7. Name and Address of New Registered Agent

Name VIVIAN DE CARLO
Street Address (P.O. Box Number is Not Acceptable)
2375 RAIN TREE LAKE DR
City MERRITT ISLAND FL Zip Code 32953

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 VIVIAN DE CARLO

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

(NOTE: Registered Agent signature required when reinstating)

8 JAN 01
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	VP BRITT, JONAH	1032 SLAYTON AVE	ROCKLEDGE FL 32955	
	S HOPP, ANN	117 JUNE DR	COCOA BEACH FL 32931	<input type="checkbox"/> Delete
	T HOPP, CHARLES	117 JUNE DRIVE	COCOA BEACH FL 32931	<input type="checkbox"/> Delete
	D CUTO, ALFRED	475 BELAIRE AVE.	MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
	D TAGLIERI, CARMELA	2345 PALM LAKE DRIVE	MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MARIE PUGLISE	1918 QUAIL RIDGE COURT # 2002	COCOA FL 32926	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: C. HARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90014 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)