

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90118 009 \*\*\*\*61.25

**DOCUMENT # 722466**

1. Entity Name

**PASCO ITALIAN AMERICAN CIVIC CLUB, INC.**

Principal Place of Business

7621 MARYLAND AVE.  
HUDSON FL 34667

Mailing Address

7621 MARYLAND AVE.  
HUDSON FL 34667-3290

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1688156**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIGLIO, JOSEPH**  
**12355 DEARBORN DRIVE**  
**BAYONET PT FL 34667**

7. Name and Address of New Registered Agent

Name **Giuliani, Joseph**

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

**12427 Kitten Trail**

City **Hudson**

**FL**

Zip Code **34669**

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

TITLE **D** ☐ Delete  
NAME **BERARDI, PAT**  
STREET ADDRESS **11220 KNOTTY PINE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 24654**

TITLE **D** ☒ Delete  
NAME **BUONO, FRANK**  
STREET ADDRESS **8817 SPRING HAVEN BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VP** ☐ Delete  
NAME **GIULIANI, LICIO**  
STREET ADDRESS **290 CAUSEWAY BLVD**  
CITY-ST-ZIP **DUNEDINI FL 34698**

TITLE **D** ☐ Delete  
NAME **MENNELLA, VITO**  
STREET ADDRESS **7811 SCRUBOAK CT**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **T** ☐ Delete  
NAME **FUCA, SR., JOSEPH**  
STREET ADDRESS **9420 REGINA LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **P** ☒ Delete  
NAME **DIGILO, JOSEPH**  
STREET ADDRESS **12355 DEARBORN DRIVE**  
CITY-ST-ZIP **BAYONET PT FL 34667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Massiello, Daniel**  
STREET ADDRESS **8601 Sagewood Dr**  
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **Medico, Nicholas**  
STREET ADDRESS **8542 Braxton Dr.**  
CITY-ST-ZIP **Hudson, FL 34667**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/31/00**