

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722466

1. Entity Name

PASCO ITALIAN AMERICAN CIVIC CLUB, INC.

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90253 032 \*\*\*\*61.25

Principal Place of Business

7621 MARYLAND AVE.  
HUDSON FL 34667

Mailing Address

7621 MARYLAND AVE.  
HUDSON FL 34667

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

59-1688156

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

DELGAUDIO, FRED  
12920 PEBBLE BEACH CIR  
HUDSON FL 34667

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

1-15-02

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 ☐ Delete  
NAME D  
STREET ADDRESS TELIO, SUZI  
CITY-ST-ZIP 8950 CATALINA DR  
PORT RICHEY FL 34668

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS BONICA, BRIGET  
CITY-ST-ZIP 9103 COTS WAYD WAY  
NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS CHARLES, RUSSO  
CITY-ST-ZIP 8506 VILLAGE MILL ROW  
BAYONET PT. FL 34667-2661

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS DIMATTEI, JENNYE  
CITY-ST-ZIP 13139 FROND WAY  
HUDSON FL 34667

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

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

TITLE ☒ Change ☐ Addition  
NAME TRUSTEE  
STREET ADDRESS MENNELLA, VITO  
CITY-ST-ZIP 7811 SCRUBOAK CT.  
HUDSON, FL 34667

TITLE ☐ Delete  
NAME FS  
STREET ADDRESS FUCA, JOSEPH S  
CITY-ST-ZIP 9420 REGINA LA  
PORT RICHEY FL 34668

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PARENTE, OLINDA  
CITY-ST-ZIP 12406 DEARBORN DR  
BAYONET PT FL 34667

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS JOSEPH ROMA  
CITY-ST-ZIP 12910 TEAKWOOD LA.  
BAYONET PT. FL 34667-3075

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 #

1-15-02

CR2E037 (9/01)