

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90142 040 ****61.25

DOCUMENT # 728269

1. Entity Name
ITALIAN AMERICAN CLUB OF SOUTH BREVARD, INC.



Principal Place of Business

**1471 CYPRESS AVENUE
MELBOURNE FL 32935**

Mailing Address

**1471 CYPRESS AVENUE
MELBOURNE FL 32935**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7385209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTALDO, BEATRICE
1241 CREEL RD NE
1
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

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

NO CHANGE

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

SIGNATURE *Beatrice Castaldo*

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CASTALDO, BEATRICE**
STREET ADDRESS **1241 CREEL RD NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **TD** ☒ Delete
NAME **PRATT, HENRY F**
STREET ADDRESS **2313 JOSHAWA DR NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **VPD** ☐ Delete
NAME **CONA, FRANK**
STREET ADDRESS **310 LAGOCI #204**
CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE **1TR** ☐ Delete
NAME **ALESIO, AUDREY**
STREET ADDRESS **1126 EDDIE ALLEN ROAD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** ☒ Change ☐ Addition
NAME **TRINA, BENJAMIN**
STREET ADDRESS **1862 CATO COURT**
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

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: *Beatrice Castaldo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

CR2E037 (10/02)