

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90004 007 \*\*\*\*61.25

00059694

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 731449**  
1. Entity Name  
**THE ITALIAN-AMERICAN SOCIAL CLUB OF BEVERLY HILLS, INC.**

Principal Place of Business  
**JAMES ANDREONE**  
**8515 E. GOSPEL ISLAND**  
**INVERNESS, FL.**

Mailing Address  
**JAMES ANDREONE**  
**8515 E. GOSPEL ISLAND**  
**INVERNESS, FL 34450**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number  
**59-2887719**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALFRED GIANSAANTI**  
**229 S. DAVIS ST.**  
**BEVERLY HILLS, FL 34465**

7. Name and Address of New Registered Agent  
Name  
**ALFRED GIANSAANTI**  
Street Address (P.O. Box Number is Not Acceptable)  
**229 S. DAVIS ST.**  
City  
**BEVERLY HILLS, FL** Zip Code  
**34465**

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 *Alfred Giansanti* DATE 5/24/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>D'ANNOZIO, GLORIA</b>       |                                 |
| STREET ADDRESS | <b>105 S. MONROE ST.</b>       |                                 |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                 |
| TITLE          | <b>VP</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>JAMES ANDREONE</b>          |                                 |
| STREET ADDRESS | <b>8515 E. GOSPEL ISLAND</b>   |                                 |
| CITY-ST-ZIP    | <b>INVERNESS, FL 34450</b>     |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>AURORA, ZITO</b>            |                                 |
| STREET ADDRESS | <b>52 BEVERLY BLVD</b>         |                                 |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                 |
| TITLE          | <b>T</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>GERACI, ANGELO S.</b>       |                                 |
| STREET ADDRESS | <b>316 S. TYLER ST</b>         |                                 |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PAOLILLO, BEN</b>           |                                 |
| STREET ADDRESS | <b>502 S. BARBOUR ST</b>       |                                 |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>ALFRED GIANSAANTI</b>       |                                 |
| STREET ADDRESS | <b>229 S. DAVIS ST.</b>        |                                 |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>P</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>JAMES ANDREONE</b>          |                                                                              |
| STREET ADDRESS | <b>8515 E. GOSPEL ISLAND</b>   |                                                                              |
| CITY-ST-ZIP    | <b>INVERNESS, FL 34450</b>     |                                                                              |
| TITLE          | <b>VP</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ROBERT KIRSHNEREIT</b>      |                                                                              |
| STREET ADDRESS | <b>5506 E. ARTHUR ST.</b>      |                                                                              |
| CITY-ST-ZIP    | <b>INVERNESS, FL 34452</b>     |                                                                              |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>AURORA, ZITO</b>            |                                                                              |
| STREET ADDRESS | <b>52 BEVERLY BLVD</b>         |                                                                              |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                                                              |
| TITLE          | <b>T</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ALFRED GIANSAANTI</b>       |                                                                              |
| STREET ADDRESS | <b>229 S. DAVIS ST</b>         |                                                                              |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                                                              |
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>PAOLILLO, BEN</b>           |                                                                              |
| STREET ADDRESS | <b>502 S. BARBOUR ST</b>       |                                                                              |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                                                              |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MINICHIELLO, JOSEPH</b>     |                                                                              |
| STREET ADDRESS | <b>82 S. LUCILLE ST.</b>       |                                                                              |
| CITY-ST-ZIP    | <b>BEVERLY HILLS, FL 34465</b> |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: *Alfred Giansanti* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/7/95)