

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90120 010 \*\*\*\*61.25

**DOCUMENT # 731449**

1. Entity Name

**THE ITALIAN-AMERICAN SOCIAL CLUB OF BEVERLY HILL**

Principal Place of Business

**JAMES ANDREONE**  
**8515 E GOSPEL ISLAND**  
**INVERNESS FL 34450**  
**US**

Mailing Address

**JAMES ANDREONE**  
**8515 E GOSPEL ISLAND**  
**INVERNESS FL 34450**  
**US**

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

**59-2887719**

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

**GIANSANTI, ALFRED**  
**229 S DAVIS ST**  
**BEVERLY HILLS FL 34465**

Name

**GIANSANTI, ALFRED**

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.

**ALFRED A. GIANSANTI**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **P**  
 ANDREONE, JAMES  
 STREET ADDRESS **8515 E GOSPEL ISLAND**  
 CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE ☐ Delete  
 NAME **VP**  
 KIRSHNER, ROBERT  
 STREET ADDRESS **5506 E ARTHUR ST**  
 CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE ☐ Delete  
 NAME **S**  
 AURORA, ZITO  
 STREET ADDRESS **52 BEVERLY BLVD.**  
 CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE ☐ Delete  
 NAME **T**  
 GIANSANTI, ALFRED  
 STREET ADDRESS **229 S DAVIS ST**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE ☐ Delete  
 NAME **D**  
 PAOLILLO, BEN  
 STREET ADDRESS **502 S BARBOUR ST**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE ☐ Delete  
 NAME **D**  
 MINICHIELLO, JOSEPH  
 STREET ADDRESS **82 S LUCILLE ST**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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:

**ALFRED A. GIANSANTI**  
**ALFRED A. GIANSANTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/26/2001**

**352-746-5573**

CR2E037 (10/00)