

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90168 020 ****61.25

DOCUMENT # 733569

1. Entity Name

**ORDER SONS OF ITALY IN AMERICA, LAKE WORTH-BOYNT
ON BEACH LODGE NO. 2304, INC.**

Principal Place of Business

Mailing Address

364 SWAIN BLVD
LAKE WORTH FL 33463

2693-D E. BARKLEY
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6510843

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

DEGANCE, ESQ, JOS
2471 NORTH FEDERAL HWY SUITE 601
FORT LAUDERDALE FL 33306

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

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	P	ADDONE, MARY JANE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		269 D BARKLEY DRIVE EAST	
CITY-ST-ZIP		WEST PALM BEACH FL 33415	
TITLE	VP	MANCUSI, PHILIP	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		110 WEST PALM AVENUE	
CITY-ST-ZIP		FLORIDA GARDENS FL 33467	
TITLE	D	MICELOTTA, BOB	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3286 JOG PARK DRIVE	
CITY-ST-ZIP		GREENACRES FL 33467	
TITLE	D	MANCINI, BOBBIE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2950 BROSLEY DRIVE EAST APT 1	
CITY-ST-ZIP		WEST PALM BEACH FL 33415	
TITLE	D	SEHRRO, LOUISE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		141-C2 LAKE PINE CIRCLE	
CITY-ST-ZIP		LAKE WORTH FL 33463	
TITLE	D	FORGIONE, ANTHONY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		15770 EDGEFIELD DRIVE	
CITY-ST-ZIP		WELLINGTON FL 33411	

TITLE	P	MANCUSI, PHILIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		110 West Palm Ave	
CITY-ST-ZIP		Florida Gardens Fl 33467	
TITLE	VP	Saldano Anthony	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3527 Melbrook Way circle	
CITY-ST-ZIP		Greenacres Fl 33463	
TITLE	D	Micelotta Bob	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3266 Jog Park Drive	
CITY-ST-ZIP		Greenacres Fl 33467	
TITLE	D	Mary Jane Aumais	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		6205 Balmey Drive	
CITY-ST-ZIP		Boynton Beach 33411	
TITLE	D	SCHIRO LOUISE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		141-C2 Lake Pine Circle	
CITY-ST-ZIP		Lake Worth Fl 33463	
TITLE	D	FORGIONE ANTHONY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		15770 Edgefield Drive	
CITY-ST-ZIP		Wellington Fl 33411	

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: Louise Schiro **LOUISE SCHIRO** **561**
433-5696

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CR2E037 (9/01)