

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90053 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

**364 SWAIN BLVD
LAKE WORTH FL 33463**

Mailing Address

**PHILIP MANCUSI, PRESIDENT
110 WEST PALM AVE
FLORIDA GARDEN FL 33467
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 **59-6510843**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MANCUSI, PHILIP**
STREET ADDRESS **110 WEST PALM AVE**
CITY-ST-ZIP **FLORIDA GARDEN FL 33467**

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

TITLE **VP** ☐ Delete
NAME **SALDANO, ANTHONY**
STREET ADDRESS **3527 MILBROOK WAY CIRCLE**
CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE **D** ☐ Delete
NAME **MICELOTTA, BOB**
STREET ADDRESS **3266 JOG PARK DRIVE**
CITY-ST-ZIP **GREENACRES FL 33467**

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

TITLE **D** ☐ Delete
NAME **AUMAS, MARY JANE**
STREET ADDRESS **6205 BALMY DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33411**

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

TITLE **D** ☐ Delete
NAME **SCHIRO, LOUISE**
STREET ADDRESS **141-C2 LAKE PINE CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **D** ☐ Delete
NAME **FORGIONE, ANTHONY**
STREET ADDRESS **15770 EDGEFIELD DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33411**

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:

SIGNATURE REQUIRED

Loise Schiro

Feb 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)