

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90243 033 ****61.25

DOCUMENT # 733756

1. Entity Name

ITALIAN-AMERICAN CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business

Mailing Address

**SPRINGHILL COMMUNITY ACTIVITY CENTER
 5458 PARNELL AVENUE
 SPRING HILL FL 34608
 US**

**SPRINGHILL COMMUNITY ACTIVITY CENTER
 5458 PARNELL AVENUE
 SPRING HILL FL 34608-1638
 US**

80004768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1730044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEMMATI, THERESA J.
 5458 PARNELL AVENUE
 SPRINGHILL FL 34608**

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 *Theresa J. Gemmati*

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 **D Pignatiello** ☐ Delete
 NAME **PIGNATIELLO, JOSEPH**
 STREET ADDRESS **12345 LOLA DR**
 CITY-ST-ZIP **SPRINGHILL FL 34608**

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

TITLE **D** ☒ Delete
 NAME **CARDINALE, MARIE**
 STREET ADDRESS **13142 TARA STREET**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **KOLISNYK, Kitty**
 STREET ADDRESS **12410 FILLMORE STREET**
 CITY-ST-ZIP **SPRING HILL, FLA 34609**

TITLE **D** ☐ Delete
 NAME **GEMMATI, THERESA J.**
 STREET ADDRESS **5458 PARNELL AVENUE**
 CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **T** ☐ Delete
 NAME **BUCKLEY, ORIANA**
 STREET ADDRESS **6052 NEWMARK ST.**
 CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **D** ☒ Delete
 NAME **BENNETT, BETTY L**
 STREET ADDRESS **8284 APPLE ORCHARD ROAD**
 CITY-ST-ZIP **SPRINGHILL FL 34608**

TITLE **D** ☐ Change ☒ Addition
 NAME **NANCY PIGNATIELLO**
 STREET ADDRESS **12345 LOLA DRIVE**
 CITY-ST-ZIP **SPRING HILL, FLA 34608**

TITLE **D** ☐ Delete
 NAME **MELUCCI, DOREEN**
 STREET ADDRESS **1413 MEADOW LARK ST**
 CITY-ST-ZIP **SPRING HILL FL 34609**

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: *Theresa J. Gemmati* **1-14-00 (352) 683-6712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)