2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-22-2002 90175 045 ****61.25

93105

DO NOT WRITE IN THIS SPACE

DOCUMENT # 733756

1. Entity Name

ITALIAN-AMERICAN CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business	Mailing Address
SPRINGHILL COMMUNITY ACTIVITY CENTER BOX 3092 SPRING HILL FL 34611 US	SPRINGHILL COMMUNITY ACTIVITY CENTER 1413 Meadow Lark Rd Spring Hill, FL 34608-5254

2. Principal Place of Business	3. Mailing Address
ST. ANDREWS CHURCH	1413 Meadow Lark Rd.
Suite, Apt. #, etc.: FOUNDER & DELTONA	Suite, Apt. #, etc.
City & State: SPRING HILL	City & State: Spring Hill, FL
Zip: 34608 Country: HERNANDO	Zip: 34608-5254 Country: HERNANDO

4. FEI Number: 59-1730044 ☐ 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
GEMMATI, THERESA J. 5458 PARNELL AVENUE SPRINGHILL FL 34608	Name: MELUCCI, DOREEN Street Address (P.O. Box Number is Not Acceptable): 1413 MEADOW LARK ROAD City: SPRING HILL FL Zip Code: 34608-5254

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: Doreen H. Melucci — 4-28-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEAMISH, WILLIAM 7321 LINDHURST STREET SPRING HILL FL 34606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President BARBARA FALCO 12361 ELGIN BLVD SPRING HILL, FL 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEMMATI, THERESA J. 5458 PARNELL AVENUE SPRING HILL FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOE PIGNATIELLO 12345 LOLA DR. SPRING HILL, FL 34608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUCKLEY, ORIANA 6052 NEWMARK ST. SPRING HILL FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DOREEN MELUCCI 1413 MEADOW LARK SPRING HILL, FL 34608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELUCCI, DOREEN 1413 MEADWO LARK ST SPRING HILL FL 34609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michele Giavisano 14104 Bruni Dr Spring Hill, FL 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jean Desnoyer 9029 Horizon Dr. Spring Hill, FL 34608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sergio Scavuzzo 9834 Pemberton Spring Hill, FL 34608	☐ Change ☑ Addition

CR2E037 (9/01)

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: Doreen H. Melucci — 4-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #