# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 13, 2000 8:00 am**
**Secretary of State**
02-13-2000 90020 043 ****61.25

DOCUMENT # 734143

1. Entity Name

DOMINICK GENTILE ORDER SONS OF ITALY CORAL SPRIN

| Principal Place of Business | Mailing Address |
|---|---|
| 5438 W 45TH WAY<br>COCONUT CREEK FL 33073<br>US | 5438 W 45TH WAY<br>COCONUT CREEK FL 33073-5007<br>US |

DO NOT WRITE IN THIS SPACE

| 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 65-0308247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ESPOSITO, GREGORY F., JR., ESQ.
8016 WILES ROAD #9
CORAL SPRINGS FL 33067

**7. Name and Address of New Registered Agent**

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 | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HARRINGTON, ANGELA | | NAME | |
| STREET ADDRESS | 5438 NW 15TH WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK FL | | CITY-ST-ZIP | |
| TITLE | V | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HARRINGTON, CHARLES | | NAME | |
| STREET ADDRESS | 5438 NW 45 WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK FL | | CITY-ST-ZIP | |
| TITLE | T | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MARYLOU UTTARIELLO | | NAME | |
| STREET ADDRESS | 10791 ROYAL PALM BLVD. | | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | CITY-ST-ZIP | |
| TITLE | T | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | JOSEPHINE PRICE | | NAME | |
| STREET ADDRESS | 10440 NW 8TH CT | | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | CITY-ST-ZIP | |
| TITLE | T | ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | IANNACONE, ALEXANDER | | NAME | Salvatore Marcurio |
| STREET ADDRESS | 6721 NW 29TH WAY | | STREET ADDRESS | ~~5717 NW 74 Ave~~ 8304 NW 35 Street |
| CITY-ST-ZIP | FT LAUDERDALE FL | | CITY-ST-ZIP | Coral Springs, Fl 33065 |
| TITLE | T | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BRATTULE, PHYLISS | | NAME | |
| STREET ADDRESS | 5717 NW 74TH AVE | | STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL 33321 | | CITY-ST-ZIP | |

CR12E037 (9/99)

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:** Angela R. Harrington, Pres. 2/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #