2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90038 007 ****61.25

0036978

DOCUMENT # 734143

1. Entity Name

DOMINICK GENTILE ORDER SONS OF ITALY CORAL SPRIN

Principal Place of Business	Mailing Address
5438 W 45TH WAY COCONUT CREEK FL 33073 US	5438 W 45TH WAY COCONUT CREEK FL 33073 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	7. Name and Address of New Registered Agent
ESPOSITO, GREGORY F., JR., ESQ. ~~8016 WILES ROAD #9~~ CORAL SPRINGS FL 33067	Name: Esposito, Gregory F. Jr Street Address (P.O. Box Number is Not Acceptable): 4102 NW 78th Terrace City: Coral Springs, Fl 33065 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRINGTON, ANGELA 5438 NW 15TH WAY COCONUT CREEK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARRINGTON, CHARLES 5438 NW 45 WAY COCONUT CREEK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARYLOU UTTARIELLO 10791 ROYAL PALM BLVD. CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8037 Sanibel Drive Tamarac, Fl 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOSEPHINE PRICE 10440 NW 8TH CT CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCURIO, SALVATORE 8304 NW 35TH STREET CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRATTULE, PHYLISS 5717 NW 74TH AVE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brattole, Phyllis	☒ Change ☐ Addition

CR2E037 (10/00)

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 Harrington ANGELA HARRINGTON 3-22-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #