2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2000 8:00 am
Secretary of State
05-31-2000 90032 029 ****61.25

DOCUMENT # 735054

1. Entity Name

THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I

Principal Place of Business	Mailing Address
25250 AIRPORT ROAD PUNTA GORDA FL 33950	25250 AIRPORT ROAD PUNTA GORDA FL 33950-5743

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
As Above	As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 33950 Country: Charlotte	Zip: 33950 Country: Charlotte

4. FEI Number: 59-1652190 ☐ 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
CAPONE, ANTHONY 1110 ALETHA AVE PORT CHARLOTTE FL 33948	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: X Anthony Capone ANTHONY CAPONE President 5-15-00
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	VD President CAPONE, ANTHONY 1110 ALETHA AVE PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGIO, JOSEPHINE 21507 EDGEWATER DR PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert Chapman P.O. BOX 510518 Punta Gorda, FL. 33951	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasurer MANGANIELLO, REGINA 2284 HAYWORTH ROAD PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFS LEWIS, VIOLA 22431 WESTCHESTER BLVD #2 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RAVINA, FRANCES 110 S.W PECKHAM STREET PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corresponding Sec. Grace Faggiolli 3830 BAL HARBOR BLVD #26 Punta Gorda, FL. 33950	☐ Change ☒ Addition

CR2E037 (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: Regina Manganiello 5-15-00 (941)-639-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X Regina Manganiello