

FILED

Jul 25, 2001 8:00 am
Secretary of State

05-21-2001 90367 027 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735054

1. Entity Name

THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I

Principal Place of Business

25250 AIRPORT ROAD
PUNTA GORDA FL 33950

Mailing Address

25250 AIRPORT ROAD
PUNTA GORDA FL 33950

LA



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

59-1652190

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

CAPONE, ANTHONY
1110 ALETHA AVE
PORT CHARLOTTE FL 33948Name
Edward V. RabellStreet Address (P.O. Box Number is Not Acceptable)
103 S. W. Peckham StreetCity
Port Charlotte

FL

Zip Code
33952

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 reappointing)

7-17-01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVD	☐ Delete
NAME	CAPONE, ANTHONY	
STREET ADDRESS	1110 ALETHA AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	

TITLE	TD	☐ Delete
NAME	MANGANIello, REGINA	
STREET ADDRESS	2284 HAYWORTH ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	VPD	☒ Delete
NAME	CHAPMAN, ROBERT	
STREET ADDRESS	PO BOX 510518	
CITY-ST-ZIP	PUNTA GORDA FL 33951	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change ☐ Addition
NAME	Edward V. Rabell	
STREET ADDRESS	103 S.W. Peckham Street	
CITY-ST-ZIP	Port Charlotte, FL 33952	

TITLE	Director	☐ Change ☒ Addition
NAME	Walter Evans	
STREET ADDRESS	2562 Brazillia Court	
CITY-ST-ZIP	Punta Gorda, Fla. 33950	

TITLE	Vice President	☒ Change ☐ Addition
NAME	John Loffler	
STREET ADDRESS	2688 Mauritania Road	
CITY-ST-ZIP	Punta Gorda Florida 33983	

TITLE	Director	☐ Change ☒ Addition
NAME	Alfred Colella	
STREET ADDRESS	2289 Harbor Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33952	

TITLE	Gaetano Curione, Director	☐ Change ☒ Addition
NAME	3345 Beacon Drive	
STREET ADDRESS	Port Charlotte,	
CITY-ST-ZIP	Fla. 33980	

TITLE	Recording Secretary	☐ Change ☒ Addition
NAME	Francis Ravina	
STREET ADDRESS	110 S. W. Peckham Street	
CITY-ST-ZIP	Port Charlotte, FL 33952	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)