

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90001 001 ***61.25

DOCUMENT # 735054

1. Entity Name

**THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I
 NC.**

Principal Place of Business

Mailing Address

25250 AIRPORT ROAD
 PUNTA GORDA FL 33950

25250 AIRPORT ROAD
 PUNTA GORDA FL 33950

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

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABELL, EDWARD V
103 S.W. PECKHAM STREET
PORT CHARLOTTE FL 33952

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 Delete
 NAME **RABELL, EDWARD V**
 STREET ADDRESS **103 S.W. PECKHAM STREET**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MANGANIELLO, REGINA-**
 STREET ADDRESS **2284 HAYWORTH ROAD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Change Addition
 NAME **MARIE L. GOODRICH**
 STREET ADDRESS **5188 YELLAM BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE Delete
 NAME **EVANS, WALTER**
 STREET ADDRESS **2562 BRAZILLA COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME **GRACE FAGGOLI**
 STREET ADDRESS **3535 PALM HARBOR BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Delete
 NAME **LOFFLER, JOHN**
 STREET ADDRESS **2688 MAURITANIA ROAD**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE Change Addition
 NAME **FRAN RAUINA**
 STREET ADDRESS **103 S.W. PECKHAM ST.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE Delete
 NAME **COLELLA, ALFRED**
 STREET ADDRESS **2289 HARBOR BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Change Addition
 NAME **TONY CAPONE**
 STREET ADDRESS **1101 ALETHA AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE Delete
 NAME **CURIONE, GAETANO**
 STREET ADDRESS **3345 BEACON DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE Change Addition
 NAME **JACK NADEAU**
 STREET ADDRESS **480 COMPT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

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: _____

Marcello B. ...
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 (941) 629-9970
 DATE AND PHONE NUMBER

CR2E037 (9/01)