

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90011 006 ****61.25

DOCUMENT # **735054**

1. Entity Name

ITALIAN/AMERICAN CLUB OF CHARLOTTE COUNTY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25250 AIRPORT RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA

City & State

4. FEI Number

59-1652190

Applied For

Not Applicable

Zip

33950

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AUGUSTINE ATTEROLE

Street Address (P.O. Box Number is Not Acceptable)

21535 DOLLARD AVE.

City

PORT CHARLOTTE

FL

Zip Code

33954

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Augustine Atterole

AUGUSTINE ATTEROLE

5/12/04

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FEES IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/SEC.
AUGUSTINE ATTEROLE
21535 DOLLARD AVE
PORT CHARLOTTE, FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, SEC.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT/TREAS.
GEORGE FARRUGGIO
3256 WHITE IBIS CT APT 26B
PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT, TREAS.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Augustine Atterole

AUGUSTINE ATTEROLE

5/12/04

941-391-4400

Cell #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #