

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90254 023 ****70.00

DOCUMENT # 735883

1. Entity Name

ITALIAN CLUB CEMETERY, INC.

Principal Place of Business

Mailing Address

1731 E 7TH AVE
 P.O. BOX 5054
 TAMPA FL 33605

3301 CORONA ST.
 TAMPA FL 33629-8031
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1724730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDO, VINCE J.
3212 HAWTHORNE RD.
TAMPA FL 33611

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 **P** Delete
 NAME **CAMPISI, GRACE S.**
 STREET ADDRESS **3301 CORONA ST**
 CITY-ST-ZIP **TAMPA FL 33629-8031**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **PARDO, VINCENT JR**
 STREET ADDRESS **5329 CAUSEWAY BLVD.**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SEDITA, JOE**
 STREET ADDRESS **6625 BAYBROOKS CIR.**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **CANNELLA, FRANCES**
 STREET ADDRESS **1018 W INDIANA AVE.**
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **Immediate Past President** Change Addition
 NAME **Joe P. Caltagirone**
 STREET ADDRESS **18902 Apian Way**
 CITY-ST-ZIP **Lutz, Florida 33549**

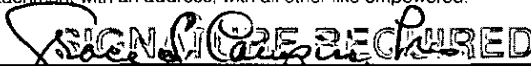
TITLE **D** Delete
 NAME **PERLA, ARTHUR JR**
 STREET ADDRESS **4208 RIVERVIEW AVE.**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CALTAGIRONE, PHILIP**
 STREET ADDRESS **508 TERR HILL DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Grace S. Campisi

1-5-00

A813/238-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)