

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90074 039 ****70.00

DOCUMENT # 735883

1. Entity Name

ITALIAN CLUB CEMETERY, INC.

Principal Place of Business

Mailing Address

3301 E 7TH AVE
 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

Zip

Country

Zip

Country

4. FEI Number

59-1724730

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

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

Name
Pardo, Vince J.

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

16901 Cedar Bluff Dr.

City **Tampa**

FL

Zip Code
33618

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 **VP** Change Addition
 NAME **ANGELO PEREZ**
 STREET ADDRESS **4308 Gainsborough Court**
 CITY-ST-ZIP **Tampa, Florida 33624** **D**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PP** Delete
 NAME **CALTAGGIRONE, JOE P**
 STREET ADDRESS **18902 APIAN WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Rec. Sec.** Change Addition
 NAME **GIOVANNA M. WALKER**
 STREET ADDRESS **1508 S. Clark Ave.**
 CITY-ST-ZIP **Tampa, Florida 33629** **D**

TITLE **D** Delete
 NAME **CALTAQIRONE, 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:

SIGNATURE REQUIRED President

01-16-02

A813/238-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GRACE S. Campisi

CR2E037 (9/01)