

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90974 018 *****61.25

DOCUMENT # 741307

1. Entity Name

**THE ITALIAN-AMERICAN CLUB OF THE GREATER DAYTONA
BEACH AREA, INCORPORATED**



Principal Place of Business

**AYTONA BEACH AREA, INCORPORATED (THE)
272 MCINTOSH RD.
ORMOND BEACH FL 32174**

Mailing Address

**AYTONA BEACH AREA, INCORPORATED (THE)
272 MCINTOSH RD.
ORMOND BEACH FL 32174**

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 **94-2390546**

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

**HENRY, PORTER
15 CHRISTY DR.
PORT ORANGE FL 32019**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T PALERMO, LOUISE**
STREET ADDRESS **272 MCINTOSH RD.**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S SOTTARDI, MARIE**
STREET ADDRESS **115 TIMBERLINE TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PILLON, MARTHA**
STREET ADDRESS **62 N ST ANDREWS DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MONDELLI, ADELE**
STREET ADDRESS **20 RAIN TREE CIR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P PORTER, HENRY**
STREET ADDRESS **15 CHRISTY DR**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP ALEXANDER, JAN**
STREET ADDRESS **15 WISTERIA DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

**LOUISE PALERMO - TREASURER OF THE ITALIAN AMERICAN
CLUB OF GREATER DAYTONA BEACH**
3-15-03 386-672-6939

CR2E037 (10/02)