2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 753068** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC 01-18-2000 90124 020 ****61.25 Principal Place of Business Mailing Address 2501 ANTIGUA TERR. 2501 ANTIGUA TERR. COCONUT CREEK FL 33066-1025 COCONUT CREEK FL 33066 3. Mailing Address Principal Place of Business 2501 ANTIGUA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-2073824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TIERNAN, PETER B ESQUIRE 6361 NW 16 ST. MARGATE FL 33063 Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition TITLE PD ☐ Delete TITLE MAME NAME CONTINO, JOSEPH STREET ADDRESS STREET ADDRESS 2501 ANTIGUA TERR., APT L2 CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** Addition ☐ Delete Change TITLE TITLE NAME RANDO, ANNE STREET ADDRESS STREET ADDRESS 3532 DEER CRK PALADIAN CIR CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL Delete Change --- Addition VΡ TITLE TITLE NAMÉ BERTELLE, CHARLES NAME STREET ADDRESS STREET ADDRESS 1578 NW 121ST DR. CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE ďν TITLE NAME NAME visconti, mimi STREET ADDRESS STREET ADDRESS 2802 VICTORIA WAY CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE Change ☐ Addition Delete TITLE NAME MAME SERAYDAR, GRACE STREET ADDRESS STREET ADDRESS 2601 NASSAU BEND CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of

Date

with all other like empowered.

changed, or on an attachment with an address,

SIGNATURE: