2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753068  1. Entity Name  ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC					Feb 19, 2001 8:00 an Secretary of State 01-26-2001 90085 042 ****61.25				
Principal Place of Business 2501 ANTIGUA TERR. L2 COCONUL CREEK FL 33066 US 2. Principal Place of Business		Mailing Address 2501 ANTIGUA TERR. L2 COCONDO CREEK FL 33066 US			_ 61800				
2802 Suite, Ap	2 Victoria Way  t. #. etc.  N2  ate	Suite, Apt. #, etc. NA City & State		)ay	4. FEI Numb	DO NOT WE	RITE IN THIS SPACE	Applied	
2ip 330	COUNTY CO	33066	reek, F Country U.S.A	).		59-207382 of Status Desired Address of New	<del> </del>	Not Appl Additional	licable
6361 NV MARGAT	E FL 33063 e named entity submits this statement for		City registered office o	or registere	ed agent, or box	er is Not Acceptab	FL Zip	Code	
FILE NOW:  FEE IS \$61.25  Signature. typed or printed name of registered agent and title if applicable. (N				\$5.00	May Be to Fees		te Check Payab		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD CONTINO, JOSEPH 2501 ANTIGUA TERR, APT L2 COCONUT CREEK FL 33086	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIS	sconti oa Vic	mimi Toria ພ	ERS AND DIRECTOR  Char  24 N2  1,33066		political political
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDO, ANNE 3532 DEER CRK PALADIAN CIR DEERFIELD BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge	ddillion &
NAME STREET ADDRESS CITY-ST-ZIP	BERTELLE, CHARLES 1578 NW 121ST DR. CORAL SPRINGS FL 33071	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ~			Cha		
NAME STREET ADDRESS CITY-ST-ZIP	VISCONTI, MIMI 2802 VICTORIA WAY COCONUT CREEK FL 33056	Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	501	ies Foi 4 Hero	etun atc n Cti cek Fli		ige 🗀 Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D SERAYDAR, GRACE 2601 NASSAU BEND COCONUT CREEK FL 33066	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char	ge. □ Ad-	dition
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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: SMANINGTUNTSIG SATILITE PLANE DISCORTE 1-12-200 1/954-973-4967  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR  Date  Date  Date  Date  Description  Date  Description  D									