

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 754039**

1. Entity Name

**KNIGHTS OF THE ALTAR INTERNATIONAL, INC.****FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90064 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3117 HENDERSON CIRCLE W.  
LAKELAND FL 33803****P.O. BOX 5476  
LAKELAND FL 33807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**36-2754078**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUSSEY, MRS. GERALD  
601 IMPERIAL BOULEVARD  
SUITE 155  
LAKELAND FL 33803**

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	PTD	<input type="checkbox"/> Delete
NAME	DESILVESTRO, JOSEPH D	
STREET ADDRESS	460 ILLINOIS STREET	
CITY-ST-ZIP	MARSEILLES IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HUSSEY, MRS. GERALD	
STREET ADDRESS	601 IMPERIAL BLVD, #155	
CITY-ST-ZIP	LAKELAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GAGLIANO, ANTHONY	
STREET ADDRESS	2908 LAKEVIEW DRIVE	
CITY-ST-ZIP	FERN PARK FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERESTRO, JOSEPH N	
STREET ADDRESS	3117 HENDERSON CIRCLE W	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BODOLAY, JOHN, S	
STREET ADDRESS	6598 SWEETBRIAR LANE	
CITY-ST-ZIP	LAKELAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FABRITZE, DOROTHY S MSC	
STREET ADDRESS	2811 MOYERS LN., PROVINCE CENTER	
CITY-ST-ZIP	READING PA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph D. Desilvestro* JOSEPH D. DESILVESTRO 2-6-02 863-413-1141**

CR2E037 (9/01)