

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90087 013 \*\*\*\*61.25

**DOCUMENT # 754190**

1. Entity Name

**ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO**  
**SONS OF ITALY LODGE NO. 2463**

Principal Place of Business

Mailing Address

PO BOX 180941  
 CASSELBERRY FL 32718-0941  
 US

PO BOX 180941  
 CASSELBERRY FL 32718-0941  
 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

**59-2624293**

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

**FEE, ELEANOR**  
**2340 RIVERTREE CIRCLE**  
**SANFORD FL 32771**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **FEE, ELEANOR**  
 CITY-ST-ZIP **2340 RIVERTREE CIRCLE**  
**SANFORD FL 32771**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **FOCARINO, DANIEL**  
 CITY-ST-ZIP **500 COUNTRY CLUB DR**  
**LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition  
 NAME **FOCARINO, DANIEL**  
 STREET ADDRESS **148 OVERDAKS PLACE**  
 CITY-ST-ZIP **SANFORD, FL., 32771**

TITLE ☐ Delete  
 NAME **OD**  
 STREET ADDRESS **SANTIAGO, JAMES**  
 CITY-ST-ZIP **8625 VISTA SHORES CT**  
**ORLANDO FL 32819**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **MAZZONE, SANTA FEE L.**  
 CITY-ST-ZIP **3630 DAHILL CT.**  
**CASSELBERRY FL 32707**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SANTIAGO, JOANN**  
 CITY-ST-ZIP **8625 VISTA SHORES CT**  
**ORLANDO FL 32819**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Daniel Focarino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/02 404-688-6523*  
 Date Daytime Phone #

CR2E037 (9/01)