

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90065 024 \*\*\*\*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

**PO BOX 180941**  
**CASSELBERRY FL 32718-0941**  
**US**

Mailing Address

**PO BOX 180941**  
**CASSELBERRY FL 32718-0941**  
**US**

2. Principal Place of Business

**148 Overoaks Place**

Suite, Apt. #, etc.

3. Mailing Address

**148 Overoaks Place**

Suite, Apt. #, etc.

City & State

**Sanford, Florida**

Zip

**32771**

Country

**Seminole**

City & State

**Sanford, Florida**

Zip

**32771**

Country

**Seminole**

4. FEI Number **59-2624293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE **T** ☐ Delete  
NAME **FOCARINO, DANIEL**  
STREET ADDRESS **148 OVEROAKS PLACE**  
CITY-ST-ZIP **SANFORD FL 32771**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **Trustee**  
STREET ADDRESS **Dolores Focarino**  
CITY-ST-ZIP **148 Overoaks Place**  
**Sanford, Florida 32771**

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, Treas.**

1/31/03

407 688-6523

CR2E037 (10/02)