

2000 UNIFORM BUSINESS REPORT (UBR)

8/8/

FILED
Sep 01, 2000 8:00 am
Secretary of State

08-03-2000 90029 041 ****61.25

DOCUMENT # 756853

1. Entity Name
 Margate Italian American Civic Association, Inc

R

Principal Place of Business
 70 Ruth Saccullo

Mailing Address
 6840 NW 9 ST
 Margate, FL 33063

2. Principal Place of Business
 Ruth Saccullo
 Suite, Apt. #, etc.
 6840 NW 9 ST
 City & State
 Margate FL

3. Mailing Address
 6840 NW 9 ST
 Suite, Apt. #, etc.
 City & State
 Margate, FL

4. FEI Number
 59-2347405

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Ruth Saccullo
 6840 NW 9 ST
 Margate, FL 33063

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.

SIGNATURE Ruth Saccullo Ruth Saccullo 8/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE P	President	Edward Cabal	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		5661 SW 2 CT	
CITY-ST-ZIP		Margate, FL 33063	
TITLE VP	Vice President	Charles Inzaleo	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		4710 NW 44 CT	
CITY-ST-ZIP		Margate, FL 33063	
TITLE Sec	Secretary	Geraldine Milazzo	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		7881 Cavambola Circle	
CITY-ST-ZIP		Coconut Creek, FL	
TITLE T	Treasurer	Ruth Saccullo	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6840 NW 9 ST	
CITY-ST-ZIP		Margate, FL 33063	
TITLE D	Director	Ignazio Saccullo	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		Sargent at Arms	
CITY-ST-ZIP		6840 NW 9 ST	
		Margate, FL 33063	
TITLE D	Director	Thomas Juliano	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5520 Lakeside Dr	
CITY-ST-ZIP		Margate, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	Charles Inzaleo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		4710 NW 44 CT	
CITY-ST-ZIP		Margate, FL 33063	
TITLE	Vice President	Thomas Amendola	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		6832 NW 9 ST	
CITY-ST-ZIP		Margate, FL 33063	
TITLE	Director	Anthony Misti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		5570 Lakeside Dr	
CITY-ST-ZIP		Margate, FL 33063	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: Ruth Saccullo Ruth Saccullo 7/18/00 (954) 972-1495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/99)