

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768222

1. Entity Name

SONS OF ITALY, MIKE ACCARDI LODGE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90022 001 ****61.25

Principal Place of Business

Mailing Address

1270 DOYLE RD
DELTONA FL 32725

P.O. BOX 5754
DELTONA FL 32728-5754

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

59-2897941

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

BOWERS, JOHN
160 LIVE OAK WOODS CT
#10-C
DELTONA FL 32725

Name

JOSEPH OLIVIERI

Street Address (P.O. Box Number is Not Acceptable)

2462 KIMBERLY DR.

City

DELTONA

FL

Zip Code

32738

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

Joseph Olivieri President

4/18/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MINISTERI, LOUIS A	140 ORCHID WOODS COURT #13A	DELTONA FL 32725	☒
FST	BOWERS, JOHN	140 ORCHID WOODS COURT #13A	DELTONA FL 32725	☒
VD	OLIVIERI, JOSEPH	2462 KIMBERLY DR	DELTONA FL 32738	☐
TT	PROVOST, CARMENT	1458 SUMMIT HILL DRIVE	DELTONA FL 32725	☒
				☐
				☐
PD	JOSEPH OLIVIERI	2462 KIMBERLY DR.	DELTONA, FL 32738	☒
VD	CHARLES PALMISANO	1564 SUNBIRD TER.	DELTONA, FL 32725	☐
SD	THERESA BRANCIFORTE	784 LAKE COMO DR.	LAKE MARY, FL 32746	☐
FIN. SECTY./D	JOHN MELITO, SR.	1457 SAXON BLVD.	DELTONA, FL 32725	☐
T D	ELINDRE SCAFIDDI	1751 PHILADELPHIA CT.	DELTONA, FL 32725	☐
D	SAMUEL BARONE	2907 KEESLER ST.	DELTONA, FL 32738	☐

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 Olivieri Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

DATE

407-574-1122
904-789-2316

DAYTIME PHONE #