

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90014 013 ****61.25

DOCUMENT # 770130

1. Entity Name

ORDER SONS OF ITALY IN AMERICA CHARLES J. BONAPA

Principal Place of Business

Mailing Address

5304 SW 2ND PL
 CAPE CORAL FL 33914
 US

5304 SW 2ND PL
 CAPE CORAL FL 33914-7185
 US

A0020388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2784718

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

DE PASQUALE, ANNA
5304 SW 2 PL
CAPE CORAL FL 33914

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 **P**
 STREET ADDRESS **AL PARALOI**
 CITY-ST-ZIP **101 SW 51ST ST**
CAPE CORAL FL

TITLE ☐ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **ROBERT BIONDI**
 CITY-ST-ZIP **728 SE 22ND PL**
CAPE CORAL FL 33904

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **BIONDI, ADBERT**
 CITY-ST-ZIP **728 SE 44TH STREET**
CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **ALDO BERTOLINI**
 CITY-ST-ZIP **3810 SW 5TH PL**
CAPE CORAL FL 33914

TITLE ☐ Delete
 NAME **PT**
 STREET ADDRESS **CANNOVA, FRANK**
 CITY-ST-ZIP **1217 SE 46TH ST.**
CAPE CORAL FL

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DE PASQUALE, ANNA**
 CITY-ST-ZIP **5304 S.W. 2ND PLACE**
CAPE CORAL FL

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **BOCCABELLA, DOMINIC**
 CITY-ST-ZIP **5304 SW 2ND PL**
CAPE CORAL FL 33914-7185

TITLE ☐ Change ☐ Addition
 NAME **TRUSTEE**
 STREET ADDRESS **ELEN ROMANO**
 CITY-ST-ZIP **4420 COUNTRY CLUB BLVD.**
CAPE CORAL FL 33904

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CALDERONE, SANTO**
 CITY-ST-ZIP **1448 SE 22ND STREET**
CAPE CORAL FL 33914-7185

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: **ANNA DE PASQUALE** 02/06/00 (941) 542-3626