

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90026 032 \*\*\*158.75

**DOCUMENT # F00000004055**

1. Entity Name

**INTER FAMILY INVESTMENTS, INC.**

Principal Place of Business

**2987 SUNSET VISTA BLVD.  
KISSIMMEE FL 34747-1110**

Mailing Address

**2987 SUNSET VISTA BLVD.  
KISSIMMEE FL 34747-1110**

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

**11-3487272**

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

**SCAGLIONE, DOMENICK G  
2987 SUNSET VISTA BLVD.  
KISSIMMEE FL 34747-1110**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete  
NAME **SCAGLIONE, DOMENICK G**  
STREET ADDRESS **2987 SUNSET VISTA BLVD.**  
CITY-ST-ZIP **KISSIMM 34747-1110**

TITLE **D** ☐ Change ☒ Addition  
NAME **BULLARD JOSEPHINE**  
STREET ADDRESS **148-07 9TH AVE**  
CITY-ST-ZIP **WHITESTONE, NY 11357**

TITLE **VC** ☐ Delete  
NAME **SCAGLIONE, JOSEPHINE**  
STREET ADDRESS **2987 SUNSET VISTA BLVD.**  
CITY-ST-ZIP **KISSIMM 34747-1110**

TITLE **D** ☐ Change ☒ Addition  
NAME **SCAGLIONE DOMENICK, JR**  
STREET ADDRESS **204 EAST 76 ST, APT. 4A**  
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **S** ☐ Delete  
NAME **TERRAGLIO, AGATHA**  
STREET ADDRESS **14 COVENTRY LANE**  
CITY-ST-ZIP **DEER PARK NY 11729**

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

TITLE **TD** ☐ Delete  
NAME **SCAGLIONE, LUDOVICO**  
STREET ADDRESS **6 FAULKNER LANE**  
CITY-ST-ZIP **DIX HILLS NY 11746**

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

TITLE **D** ☐ Delete  
NAME **SCAGLIONE, VITO**  
STREET ADDRESS **50 WELLINGTON ST.**  
CITY-ST-ZIP **DEER PARK NY 11729**

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

TITLE **D** ☐ Delete  
NAME **AVANZI, VINCENZA**  
STREET ADDRESS **6 CLAY COURT**  
CITY-ST-ZIP **GREENLAWN NY 11740**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Domenick G. Scaglione*

**DOMENICK G. SCAGLIONE, PRESIDENT**

**1/7/02 (407) 390-1141**

Date

Daytime Phone #

CR2E034 (9/01)