## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000007217 1. Entity Name

## GARGIULO ART FOUNDATION, INC.

STD

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

VOLPE, ARLENE C

**8 CEDAR POINT DR** 

PALM COAST FL 32164

Principal Place of Business Mai			Mailir	ailing Address							
			EDAR POINT DR M COAST FL 32164								
							1 1880 (8) 80 830 (	<b>PA</b> INA <b>NA</b> ISI <b>NA</b> INI <b>PA</b> INI <b>PA</b> INI <b>N</b> AIN	10010 21001	11831 1881 1881	
2. Principal Place of Business 3. Ma			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			Ci	City & State			4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country z		Zi	ip Country		-	Trot / ppilot			lot Applicable		
<del>Toron</del> a vo	<u> </u>				Obumny	,	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registere				Agent 7.			7. Name and Address of New Registered Agent				
				-	Name		<u> </u>	<u>.</u>			
CAROUNA THOMAS						Street Address (P.O. Box Number is Not Acceptable)					
GARGIULO, THOMAS L 8 CEDAR POINT DR					- Circon	otrock Address (1.0. box Number is Not Acceptable)					
PALM COAST FL 32164											
FALM COAST FL 32104				City			<del></del>		Zip Cod		
8. The above named entity submits this statement for the purpose of changing its register						<u> </u>		FL	· '	1	
the obliga	e named entity ations of regist	y submits this statement t ered agent.	or the purp	ose of changing its re	egistered office	or registere	d agent, or both, in the	State of Florida. I am far	niliar with,	, and accept	
ŭ	J										
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required							when reinstating)	DATE		<del></del> -	
Maria Para			· · · · · · · · · · · · · · · · · · ·								
	After Sept	ember 13, 2002,		9. Election Camp	paign Financing		\$5.00 May Be	Make Check F	lavablo	••	
min. will be \$236.25.			Trust Fund Contribution.			Added to Fees	Department	of State	9		
,	4.										
10.	OFFICERS AND DIRECTORS  PD  Delete					AI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME		THOMAS L		☐ Delete	TITLE				] Change	Addition	
STREET ADDRESS	8 CEDAR				NAME STREET ADDRESS						
CITY-ST-ZIP		AST FL 32164			STREET ADDRESS CITY-ST-ZIP						
TITLE	D D	101 1 L 32 104		☐ Delete		<u> </u>					
NAME	GARGUIL,	FRANK A		∟ Delete	TITLE NAME				] Change	☐ Addition ☐	
STREET ADDRESS	124 DOBS				STREET ADDRESS	1					
CITY-ST-ZIP		ORT CT 06606	rane rema		- CITY-ST-ZIP		*	• •		_ [	

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE .  $\square$  Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

ETHOMAS L. GARGIULO 7-10-02 **SIGNATURE** 

Delete

☐ Delete

446-0617

☐ Addition

■ Addition

**FILED** 

Jul 18, 2002 8:00 am Secretary of State

07-18-2002 90126 027 \*\*\*\*61.25

☐ Change

☐ Change