2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOOOOOOOS319 1. Entity Name ORDER OF SONS OF ITALY IN AMERICA PUNTA GORDA LO					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				OI SEP 28 PM 1: 5	<u>5</u> į	
PUNTA GORDA WOMEN'S CLUB 21530		21530 GLENDALE AVE PORT CHARLOTTE FL 3395	2	1884 6 81 Eliji 88 88 88	TYN ABNIS BAITN SBIAT NISK SIRST SBIA NEBA	
2. Principal Place of Business 3. Ma		3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
City & State Ci		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
<u></u>	.6. Name and Address of Current Re	gistered Agent=	Name	7. Name and Address of New Reg	istered Agent	
HOPKINS, BARRY 84 PRINCETON RD VENICE FL 34293				Street Address (P.O. Box Number is Not Acceptable)		
			City	City FL Zip Code		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Camp Trust Fund Col			tribution.			
10. Title Name Street address City-St-Zip	PD 7AST PROFILE ARCA, PAT 21530 GLENDALE AVE PORT CHARLOTTE FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS PROSICENT JAMES L. OUTHOUSE 295 PORTO ALEGRE PLUTA GORDA, JL. 3398	☐ Change 💆 Addition	
TITLE NAME Street Address City-St-Zip	VD DISTASO, VIRGINIA 5373 FRIES AVE NORTHPORT FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARCA ATT NO BLE TE JE 215 30 PORS CHARLETTE JE 35	Change Addition	
TITLE	HOPKINS, SIMONE 84 PRINCETON RD VENICE FL 34293	~ · ~ · □ · Delete · ~ ~	NAME STREET ADDRESS CITY-ST-ZIP	9000046	277597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCA, PATRICIA 21530 GLENDALE AVE PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-19/09/0 *****61	11-01-01-01-01-01-01-01-01-01-01-01-01-0	
TITLE Y.ME STREET ADDRESS (ITY-ST-ZIP	TD SALERNO, BONNIE 22473 OLEAN BLVD PORT CHARLOTTE FL 33952	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS R. EOWARDS 296 PORTO ALEGRE PUNTA GORDA 7L 3	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information cumplied with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I fu	SP Addition	

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 embowered 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. Alth all other like empowered.

SIGNATURE

RIREASURE

6-9-01 94-505 0303