N01000000999

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

02-03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 MAY 23 PM 4:17

DOCUMENT # N01000000999

1. Entity Name

ITALIAN CULTURAL HERITAGE CENTER OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7035 AIRPORT ROAD	P.O. BOX 770801
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34104 Country: U.S.A.	Zip: 34107 Country: U.S.A.

4. FEI Number 74-3001424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRADLEY R. SMITH, CPA

Street Address (P.O. Box Number is Not Acceptable): 27657 OLD 41 ROAD

City: BONITA SPRINGS **FL** Zip Code: 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bradley R. Smith 5-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIR. RENALD MORANI 13100 HAMILTON HARBOUR DR. #G-1 ~~NAPLES FL 34110~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIR. BRADLEY R. SMITH 27657 OLD 41 ROAD ~~BONITA SPRINGS FL 34135~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/DIR. JOSEPH C. DELFINO PMB 104 6017 PINE RIDGE RD ~~NAPLES, FL 34110~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Connell 05-27-03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700019869377 05/27/03--01014--006 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700019869377 05/27/03--01014--007 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALL ARE DIRECTORS per Lee Atkinson

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley R. Smith 5-21-03 239-992-4232

61.25 2002
61.25 2003

122.50

ATTORNEY' USED
PHYSICAL ADDRESS
NOT MAILING ADDRESS
WHEN INCORPORATED.
- NEVER RECEIVED U.B.R.