

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002782

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ITALIAN AMERICAN CLUB OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

POST OFFICE BOX 311
LAUREL, FL 34272

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 311
LAUREL, FL 34272

New Mailing Address:

FEI Number: 65-0953569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENIRO, ANTHONY
1861 MACKINTOSH BLVD.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Change (X) Addition
Name: PENGE, CLINO TRUSTEE
Address: 4433 WESTWOOD LANE
City-St-Zip: SARASOTA, FL 34231 US

Title: TD () Change (X) Addition
Name: DICARLO, NADIA TRUSTEE
Address: 5676 BENEVA WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

Title: SD () Change (X) Addition
Name: MOLLO, PHYLLIS SEC.
Address: 2634 BRITTANIA RD
City-St-Zip: SARASOTA, FL 34231 US

Title: PD () Change (X) Addition
Name: DENIRO, ANTHONY PRES
Address: 1861 MACKINTOSH BLVD
City-St-Zip: NOKOMIS, FL 34275 US

Title: VD () Change (X) Addition
Name: SAVOY, ARTHUR VP
Address: 7493 ELEANOR CIRCLE
City-St-Zip: SARASOTA, FL 34242 US

Title: TD () Change (X) Addition
Name: BALESTRIERI, YOLANDA TREAS.
Address: 122 DAVINCI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY

PD

04/29/2002

Electronic Signature of Signing Officer or Director

Date