FILED
Jun 16, 2003 8:00 am
Secretary of State
05-23-2003 90152 014 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

55048136

DOCUMENT # N02000002456

1. Entity Name
ITALIAN AMERICAN CLUB OF NORTH LAUDERDALE, INC.

Principal Place of Business	Mailing Address
5102 N.W. 53RD STREET TAMARAC, FL 33319	5102 N.W. 53RD STREET TAMARAC, FL 33319

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8201 N.W. 74th Ave.	8201 N.W. 74th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Tamarac, FL
Zip: 33321 Country: USA	Zip: 33321 Country: USA

4. FEI Number: 13-4212310 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent
Name: Angelo Mela
Street Address (P.O. Box Number is Not Acceptable): 8201 N.W. 74th Avenue
City: Tamarac FL Zip Code: 33321

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: Angelo Mela (DIRECTOR-CHAIRMAN) 5/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	~~Sec/Treas Patricia BUSA~~ ☐ Change ☐ Addition
NAME	BUSA, CHARLES	NAME	
STREET ADDRESS	8209 NW 73TH AVE.	STREET ADDRESS	~~8209 N.W. 74th Ave.~~
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	~~Tamarac, FL 33319~~
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	GUADIO, JOE	NAME	Grace SANTAPRIA
STREET ADDRESS	4400 NW 30TH STREET	STREET ADDRESS	5102 NW 53rd STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELA, ANGELO	NAME	
STREET ADDRESS	8201 NW 74TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALCONE, TONY	NAME	
STREET ADDRESS	6719 NW 70TH ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	TULLY, LOU	NAME	NONE
STREET ADDRESS	6230 SW 25TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	V/P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANNONE, Joseph	NAME	
STREET ADDRESS	8270 N.W. 95th Avenue	STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	CITY-ST-ZIP	

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO MELA DIRECTOR (CHAIRMAN) 5/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #