

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90157 046 \*\*\*\*61.25

**DOCUMENT # N02000003399**

1. Entity Name

**ORDER SONS OF ITALY IN AMERICA CELEBRATION LODGE  
# 2777, INC.**



Principal Place of Business

**C/O JAMES MANTLA  
1023 BANKS ROSE  
CELEBRATION FL 34747**

Mailing Address

**C/O JAMES MANTLA  
1023 BANKS ROSE  
CELEBRATION FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3657995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HABER, LAWRENCE H  
606 FRONT ST  
CELEBRATION FL 34747**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete  
NAME **BUONCERVELLO, B SONNY**  
STREET ADDRESS **815 SPRING PARK LOOP**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☐ Delete  
NAME **TERRICO, GENE**  
STREET ADDRESS **4877 LAKE CECILE DR**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** ☒ Delete  
NAME **FINOCCHIARO, VICKI**  
STREET ADDRESS **6302 FERNBROOK CT**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES ZIMBARDI**  
STREET ADDRESS **1208 CELEBRATION AVE**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **T** ☐ Change ☒ Addition  
NAME **ROBERT G. SEVERINO**  
STREET ADDRESS **1154 CELEBRATION AVE**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **S** ☐ Change ☒ Addition  
NAME **JAMES MANTLA**  
STREET ADDRESS **1023 BANKS ROSE**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES S. MURPHY**  
STREET ADDRESS **1141 LYNDELL DR**  
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT A STAHL**  
STREET ADDRESS **155 MUSTANG CT.**  
CITY-ST-ZIP **ST. CLOUD 34771**

TITLE **D** ☐ Change ☒ Addition  
NAME **LARRY MADDOX**  
STREET ADDRESS **4311 DOWN POINT LANE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

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:

**SIGNATURE REQUIRED**

**1/20/03 4079080009**

CR2E037 (10/02)