

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N03142**

1. Entity Name

ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90012 012 ****61.25

601939

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4900 5TH STREET ZEPHYRHILLS FL 33539 US		Mailing Address PO BOX 111 ZEPHYRHILLS FL 33539-0111 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2408701		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****TOOMAJIAN, KIRK**
4900 5TH ST
ZEPHYRHILLS FL 33541

Name

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

City

FL

Zip Code

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.

SIGNATURE

*Kirk Toomajian PRES. KIRK TOOMAJIAN**JAN. 10, 2000*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRY, ROBERT 37632 BERMUDA DR ZEPHYRHILLS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVERETT BRESCANI 37250 LOIS AVE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOOMAJIAN, ANGELA 4900 5TH ST ZEPHYRHILLS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, FRANCES 37632 BERMUDA DR ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERA LAPINE 37644 TAHITIAN COURT ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, SKIPPY 37801 BARCELONA ZEPHYRHILLS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEBBA, HELEN 5237 5TH ST ZEPHYRHILLS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD BRESCANI, EVERETT 37250 LOIS AVENUE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD TONY FERRARO 37525 BERMUDA DRIVE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*KIRK TOOMAJIAN PRES. Kirk Toomajian Pres.**1-10-00**1-813-787-6618*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)