

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03142

1. Entity Name

ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business

37250 LOIS AVE
ZEPHYRHILLS FL 33541
US

Mailing Address

PO BOX 111
ZEPHYRHILLS FL 33539-0111
US

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

59-2408701

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESCAMI, EVERETT
37250 LOIS AVE
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BRESCAMI, EVERETT	
STREET ADDRESS	37250 LOIS AVE	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOOMAJIAN, ANGELA	
STREET ADDRESS	4900 5TH ST	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPINE, VERA	
STREET ADDRESS	37644 TAHITIAN COURT	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROCCO, JOHN	
STREET ADDRESS	38908 5TH AVE	
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKINSHAW, MARILYN	
STREET ADDRESS	4545 BLOSSOM BLVD	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	CBD	<input checked="" type="checkbox"/> Delete
NAME	FERRARO, TONY	
STREET ADDRESS	37525	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTO, LOUISE	
STREET ADDRESS	36325 SANTEFLAH DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS, FLA. 33541	

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:

EVERETT BRESCAMI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRETT BRESCAMI

1-10-02

813-782-7502

Date

Daytime Phone #

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90005 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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