

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # N07956****1. Entity Name**ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, IN
C. POST 4 ORLANDO, FLORIDA**Principal Place of Business****Mailing Address**ITALIAN AMERICAN SOCIAL CLUB
PO BOX 57411
ORLANDO FL
328574111 USP.O. BOX 570876
ORLANDO FL
328570876 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**59-2597227**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**FINELLA ALEXANDER
2019 SANTA ANTILLES RDORLANDO FL
32806

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.)

01/21/2000

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	☐ Delete
NAME	FINELLA ALEXANDER	
STREET ADDRESS	2019 SANTA ANTILLES RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	☒ Delete
NAME	SYRING LAVERNE	
STREET ADDRESS	8212 CASCADE OAKS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ Delete
NAME	BADOLATO EUGENE	
STREET ADDRESS	1694 WINGSPAN WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	☐ Delete
NAME	BRESSI ANTHONY	
STREET ADDRESS	720 DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	☐ Delete
NAME	FINELLA ALEXANDER	
STREET ADDRESS	2019 SANTA ANTILLES RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	☒ Change ☐ Addition
NAME	RUBINO LEWIS A	
STREET ADDRESS	1081 ALVINA LANE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	BADOLATO EUGENE	
STREET ADDRESS	1694 WINGSPAN WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	☒ Change ☐ Addition
NAME	BRESSI ANTHONY	
STREET ADDRESS	720 DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	☒ Change ☐ Addition
NAME	FINELLA ALEXANDER	
STREET ADDRESS	2019 SANTA ANTILLES RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.