

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

03-19-2003 90113 021 ****61.25

DOCUMENT # N07956

1. Entity Name

ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, INC. POST 4 ORLANDO, FLORIDA



Principal Place of Business

**ITALIAN AMERICAN SOCIAL CLUB
PO BOX 57411
ORLANDO FL 32857-4111
US**

Mailing Address

**P.O. BOX 570876
ORLANDO FL 32857-0876
US**

55055387



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2597227**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADOLATO, GENE
1694 WINGSPAN WAY
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

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

QUARTERMASTER - Gene Badolato
(NOTE: Registered Agent signature required when reinstating)

DATE 8/29/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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
NAME **DE MARZO, MARCIA**
STREET ADDRESS **472 WILD FOX DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **COMMANDER/DIRECTOR** ☒ Change ☐ Addition
NAME **JOHN TRENTO**
STREET ADDRESS **773 S. EDMONT AVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **SCMD** ☐ Delete
NAME **ROBINSON, DAVE**
STREET ADDRESS **5375 KESWICK CT**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **SENIOR VICE COMMANDER/DIRECTOR** ☐ Change ☐ Addition
NAME **VINCENT D'AGUIROLOMO**
STREET ADDRESS **1012 PROVIDENCE LA**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **TD** ☐ Delete
NAME **BADOLATO, EUGENE**
STREET ADDRESS **1694 WINGSPAN WAY**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TREASURER/DIRECTOR** ☐ Change ☐ Addition
NAME **ADJUTANT/DIRECTOR**
STREET ADDRESS **RALPH DURSO**
CITY-ST-ZIP **2703 - SNOW GOOSE LA**

TITLE **JVCM** ☒ Delete
NAME **TRENTO, JOHN**
STREET ADDRESS **773 S EDMONT AVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **ADJUTANT/DIRECTOR** ☐ Change ☒ Addition
NAME **RALPH DURSO**
STREET ADDRESS **2703 - SNOW GOOSE LA**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Signature of Eugene Badolato

8/29/03 407-365-423

CR2E037 (4/03)