

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20305

1. Entity Name

ITALIAN AMERICAN WOMEN'S CLUB OF BROWARD COUNTY,

Principal Place of Business

C/O SHIRLEY CASEY
2300 S.W. 112TH AVENUE
DAVIE FL 33325

Mailing Address

C/O SHIRLEY CASEY
2300 S.W. 112TH AVENUE
DAVIE FL 33325

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

65-0193228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, SHIRLEY
2300 S.W. 112TH AVENUE
DAVIE FL 33325

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOSIER, PATRICIA 9910 N OAK KNOLL CIR FORT LAUDERDALE FL 33324	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALASSO, JOSEPHINE 12982 NW 6TH CT PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASEY, SHERRY 2300 SW 112 AVE DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, FRANCES 6391 HARDING STREET HOLLYWOOD FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arleen Mele 309 N. 31st Ave. Hollywood, FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED Sherry Casey, Treasurer 3/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90475 016 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)