

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20828

1. Entity Name

THE ITALIAN AMERICAN CLUB OF CENTURY VILLAGE, IN

Principal Place of Business

CENTURY VILLAGE
PEMBROKE PINES FL 33027
US

Mailing Address

13455
12455 SW 9TH CT
#J-413
PEMBROKE PINES FL 33027
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

59-2813828

Applied For

Not Applicable

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

ALESI, LINDA
13455 SW 9TH CT
#J-413
PEMBROKE PINES FL 33027

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS CIGALOTTI, JEAN
CITY-ST-ZIP 13055 SW 15 CT #S108
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS QUARTUCCIO, JAMES
CITY-ST-ZIP 12900 SW 7TH COURT STE B-209
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS RUSSO, JOHN
CITY-ST-ZIP 13001 SW 15 CT
PEMBROKE PINES FL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS D'ASCOLI, FRANCES
CITY-ST-ZIP 1601 SW 128 TERRACE APT. A112
PEMBROKE PINES FL

TITLE ☒ Change ☐ Addition
NAME DOROTHY NOGAY
STREET ADDRESS 13701 SW 12th St.
CITY-ST-ZIP Pembroke Pines FL 33027

TITLE ☐ Delete
NAME SD
STREET ADDRESS PACE, JAMES V
CITY-ST-ZIP 1000 SW 125TH AVE #N104
PEMBROKE PINES FL 33027

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS ALESSI, LINDA
CITY-ST-ZIP 13455 SW 9TH COURT STE 413-5
PEMBROKE PINES FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA ALESSI
President 1/11/00

Date

Daytime Phone #

954-437
4875

CR2E037 (9/99)