

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

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 034 ****61.25

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DOCUMENT # N20828

1. Entity Name

THE ITALIAN AMERICAN CLUB OF CENTURY VILLAGE, IN C.



Principal Place of Business

**CENTURY VILLAGE
PEMBROKE PINES FL 33027
US**

Mailing Address

**13055 SW 15 CT
APT N-112
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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**PAGE, JAMES V
1000 SW 125 AVE
APT N-104
PEMBROKE PINES FL 33027**

Name **SARA D. SIRHAN**

Street Address (P.O. Box Number is Not Acceptable)

13055 SW 15 COURT

112

PEMBROKE PINES

City

FL

Zip Code

33027

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

Sara D. Sirhan

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

(NOTE: Registered Agent signature required when reinstating)

July 8, 2003

DATE

**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 **VPD** ☐ Delete
NAME **SIRHAN, SARA**
STREET ADDRESS **SW 15TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **P.D.** ☒ Change ☐ Addition
NAME **SIRHAN, SARA D.**
STREET ADDRESS **13055 SW 15 COURT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **TD** ☐ Delete
NAME **QUARTUCCIO, JAMES**
STREET ADDRESS **12900 SW 7TH COURT STE B-209**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **VP** ☐ Delete
NAME **CAPODANNO, JOHN C**
STREET ADDRESS **601 SW 431ST AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **FS** ☐ Delete
NAME **NOGAN, DOROTHY**
STREET ADDRESS **13701 SW 12TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

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

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **D'ANTONIO, MARY**
STREET ADDRESS **13101 SW 15 CT APT R-203**
CITY-ST-ZIP **HOLLYWOOD FL 33027**

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:

Sara D. Sirhan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

Date

954-450-7290

Daytime Phone #

CR2E037 (4/03)