

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26744

1. Entity Name

THE ITALIAN-AMERICAN SOCIAL CLUB OF LEHIGH ACRES

Principal Place of Business

P O BOX 276
LEHIGH ACRES FL 33970

Mailing Address

P O BOX 276
LEHIGH ACRES FL 33970-0276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELL, RUTH T.
308 JOEL BLVD
LEHIGH ACRES FL 33936

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 DP ☐ Delete
NAME CONNELL, RUTH T.
STREET ADDRESS 308 JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE VD ☐ Delete
NAME DESANTO, PETER P.
STREET ADDRESS 738 MANHANTTAN, SE
CITY-ST-ZIP LEHIGH ACRES FL

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

TITLE D ☐ Delete
NAME ARNONE, ELEANOR A
STREET ADDRESS 220 DALEVIEW AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE ST ☐ Delete
NAME GREGO, ANNE
STREET ADDRESS 1408 GRANDALE STREET
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE T ☐ Delete
NAME STEELE, THERESA E
STREET ADDRESS 710 WILLOW DRIVE
CITY-ST-ZIP LEHIGH ACRES FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90041 048 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0175785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)