

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2001 90021 017 ****61.25

DUPLICATE

DOCUMENT # N31054

1. Entity Name

GLI AMICI ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business

D.A.V. CHAPTER 18
 111 63RD AVENUE EAST
 BRADENTON FL 34207
 US

Mailing Address

C/O RALPH SENZAMICI
~~3510 52ND AVENUE WEST~~
~~BRADENTON FL 34210~~
 US

720404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address *C/O SENZAMICI*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3931 ROBERTS POINT RD.

City & State

City & State

SARASOTA FL

4. FEI Number

59-2525744

Applied For

Not Applicable

Zip

Country

Zip *34242-1160*

Country

USA

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

~~SENZAMICI, RALPH~~
~~3510 52ND AVENUE WEST~~
~~BRADENTON FL 34210~~

Name *SENZAMICI RALPH*
 Street Address (P.O. Box Number is Not Acceptable) *3931 ROBERTS POINT RD.*
 City *SARASOTA* FL Zip Code *34242-1160*

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	T	<input type="checkbox"/> Delete
NAME	DRAW, BEVERLY	
STREET ADDRESS	6120 43RD STREET	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENSEN, PAULA	
STREET ADDRESS	2535 60TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRIERI, ANNE	
STREET ADDRESS	314 76 ST NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SGT	<input type="checkbox"/> Delete
NAME	TORRIERI, GINO	
STREET ADDRESS	314 76ST NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	P	<input type="checkbox"/> Delete
NAME	SENZAMICI, RALPH	
STREET ADDRESS	3510 52ND AVENUE W	
CITY-ST-ZIP	BRADENTON FL 3	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRALANTE, IVYLE	
STREET ADDRESS	3890 40TH AVE	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENZAMICI, RALPH	
STREET ADDRESS	3931 ROBERTS POINT RD.	
CITY-ST-ZIP	SARASOTA, FL. 34242-1160	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORCSANI, MARY	
STREET ADDRESS	7116 14th AVE NW	
CITY-ST-ZIP	BRADENTON, FL. 34209	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ralph Senzamici* **SIGNATURE REQUIRED** *3/2/01* *941-346-3105*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)