



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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90072 035 ****61.25

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 3931 ROBERTS POINT RD. SARASOTA FL 34242-1160 US	
2. Principal Place of Business		3. Mailing Address % D. SPAMPANATO	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4311 47th AVE W.	
City & State		City & State BRADENTON, FL	
Zip	Country	Zip	Country
34210	USA	34210	USA
6. Name and Address of Current Registered Agent SENZAMICI, RALPH 3931 ROBERTS POINT RD. SARASOTA FL 34242-1160		7. Name and Address of New Registered Agent Name SPAMPANATO, Dominic Street Address (P.O. Box Number is Not Acceptable) 4311 47th AVE W. City BRADENTON FL Zip Code 34210	
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 		DATE 03-22-03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2525744** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAW, BEVERLY 6120 43RD STREET BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENSEN, PAULA 2535 60TH AVE W BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRIERI, ANNE 314 76 ST NW BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT TORRIERI, GINO 314 76ST NW BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENZAMICI, RALPH 3931 ROBERTS POINT RD. SARASOTA FL 34242-1160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SPAMPANATO, Dominic <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4311 47th AVE W. BRADENTON, FL. 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORCSANI, MARY 7116 14TH AVENUE NW BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **03-22-03**

CFR2E037 (10/02)