

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31128

1. Entity Name

THE AUSONIAN SOCIETY, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91791 034 ****61.25

80119215



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2827 NORTHWOOD CIRCLE SARASOTA FL 34234 US		Mailing Address 2827 NORTHWOOD CIRCLE SARASOTA FL 34234 US	
2. Principal Place of Business Matoaka Heights Suite, Apt. #, etc. 7298 38th Court, East City & State Sarasota, Fl. 34243 Zip 34243		3. Mailing Address Matoaka Heights Suite, Apt. #, etc. 7298 38th Court, East City & State Sarasota, Fl. 34243 Zip 34243	
Country USA Manatee	Country USA Manatee		

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

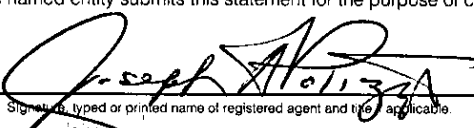
6. Name and Address of Current Registered Agent

CERMINARA, FRANCES A
2827 NORTHWOOD CIRCLE
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name **Polizzi, Joseph A.**
Street Address (P.O. Box Number is Not Acceptable)
Matoaka Heights
7298 38th Court, East
City **Sarasota** **FL** Zip Code **34243**

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  **Joseph A. Polizzi, President** **24 April 2002**
(NOTE: Registered Agent signature required when reinstating) DATE

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 Department of State
---------------------------------	--	--

10. OFFICERS AND DIRECTORS

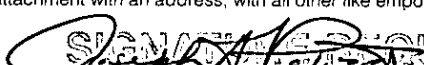
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIZZO, VILMA 5115 CANTERBURY SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLIZZI, JOSEPH 7298 88TH CT E SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOXLER, JOSEPHINE 5114 73RD ST E BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CERMINARA, FRANCES 2827 NORTHWOOD CIR SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMBO, RITA 1705 BENEVA COURT, #705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERMINARA, RALPH 2827 NORTH WOOD CIR SARASOTA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DT
Rizzo, Michael
5115 Canterbury Dr. Sarasota, Fl. 34243

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:  **Joseph A. Polizzi, President** **24 April 2002** **351-6445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)