

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

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

02-27-2003 90162 008 ****61.25

DOCUMENT # N31128

1. Entity Name

THE AUSONIAN SOCIETY, INC.



Principal Place of Business

**MATOAKA HEIGHTS
7298 38TH COURT EAST
SARASOTA FL 34243
US**

Mailing Address

**MATOAKA HEIGHTS
7298 38TH COURT EAST
SARASOTA FL 34243
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**POLIZZI, JOSEPH A
7298 38TH COURT EAST
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(S) Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN HOLLERAN	
STREET ADDRESS	5958 Clubside Drive	
CITY-ST-ZIP	Sarasota, Florida 34243	
TITLE	(DVP) Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA HOLLERAN	
STREET ADDRESS	5958 Clubside Drive	
CITY-ST-ZIP	Sarasota, Florida 34243	
TITLE	(D) Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHINE BOXLER	
STREET ADDRESS	5114 73rd St. East	
CITY-ST-ZIP	Bradenton, Florida 34203	
TITLE	(D) Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILMA RIZZO	
STREET ADDRESS	5115 Canterbury Drive	
CITY-ST-ZIP	Sarasota, Florida 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:

SIGNATURE

Joseph A. Polizzi 2/22/03 (941)351-6445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)