

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90012 034 \*\*\*\*61.25

**DOCUMENT # N33486**

1. Entity Name

**THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1583  
 \*\*\*\*\*  
 EUSTIS FL 32727-1583  
 US

P.O. BOX 1583  
 EUSTIS FL 32727-1583  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2980181**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLUCHINO, JOSEPH**  
**35406 HIGHLAND DRIVE**  
**EUSTIS FL 32736**

Name

**MARK J VOCCI**

Street Address (P.O. Box Number is Not Acceptable)

**34324 PARK LANE**

City

**LEESBURG,**

**FL**

Zip Code

**34788**

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

*Mark J Vocci* **MARK J VOCCI**

**1/27/00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SARGENT, FRANK</b>	
STREET ADDRESS	<b>30403 ORANGE DRIVE</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOCCI, MARK</b>	
STREET ADDRESS	<b>34324 PARK LANE</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIBERNINI, JOSEPH</b>	
STREET ADDRESS	<b>41516 CO. ROAD H52</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE	<b>RS</b>	<input type="checkbox"/> Delete
NAME	<b>SULSENTI, GRACE</b>	
STREET ADDRESS	<b>20138 SUGARLOAF MT. ROAD</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LUNOV, TONI</b>	
STREET ADDRESS	<b>330 RIVERGLASS COURT</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PLUCHINO, JOSEPH</b>	
STREET ADDRESS	<b>35406 HIGHLAND DRIVE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32736</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIUS J DEBERGORGIO</b>	
STREET ADDRESS	<b>2710 E. WASHINGTON</b>	
CITY-ST-ZIP	<b>EUSTIS 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH LIBERNINI</b>	
STREET ADDRESS	<b>41516 CO ROAD H52</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICK GIAMBRI</b>	
STREET ADDRESS	<b>10 E MAIN RILYS PARK</b>	
CITY-ST-ZIP	<b>MT DORA 32757</b>	
TITLE	<b>RS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY MATTHEWS</b>	
STREET ADDRESS	<b>17100 S.R. H52</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONI LUNOV</b>	
STREET ADDRESS	<b>330 RIVERGLAS</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK VOCCI</b>	
STREET ADDRESS	<b>34324 PARK LANE</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	

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:

*MARK VOCCI* **MARK VOCCI**

Date

Daytime Phone #

**1/27/00**

**589-2020**

CR2E037 (9/99)