

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33486

1. Entity Name

THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.

FILED

01 OCT -5 AM 10:37

11821 DEPT. OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 1583 EUSTIS FL 32727-1583 US		Mailing Address P.O. BOX 1583 EUSTIS FL 32727-1583 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2980181		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 VOCCHI, MARK J 34324 PARK LN LEESBURG FL 34788		7. Name and Address of New Registered Agent Name: HELEN DEMEO Street Address (P.O. Box Number is Not Acceptable): 701 MT HOMER RD APT-1A EUSTIS FLORIDA City: FL Zip Code: 32726	
---	--	--	--

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: HELEN DEMEO HELEN DEMEO 8/2/2001
Signature, typed or printed name of registered agent and see # applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$238.25

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	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRECORIO, JULIUS J		NAME		
STREET ADDRESS	2710 E WASHINGTON		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32728		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERNINI, JOSEPH		NAME		
STREET ADDRESS	41516 CO RD 452		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JOE PLUCHINO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMBERI, NICK		NAME		
STREET ADDRESS	10 E MAIN BILLYS PARK		STREET ADDRESS	25406 HIGHWAY DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	RS	<input type="checkbox"/> Delete	TITLE	RECORDING & SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, MARY		NAME		
STREET ADDRESS	17100 SR 452		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNOV, TONI		NAME		
STREET ADDRESS	330 RIVERGLASS COURT		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	HELEN DEMEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOCCHI, MARK		NAME		
STREET ADDRESS	34324 PARK LN		STREET ADDRESS	701 MT HOMER RD	
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP	EUSTIS FL 32726	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 or without other like empowered.

SIGNATURE: HELEN DEMEO HELEN DEMEO 8/2/01 352-357-1764
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR DATE DEPT. PHONE #

CRE0307 (5/01)