

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

YEAR 31

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 91017 040 ****61.25

DOCUMENT # N 33486

1. Entity Name
**ITALIAN AMERICAN CLUB
OF LAKE COUNTY, INC.**



55022825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**40 JULIUS DEGREGORIO
2710 WASHINGTON AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EUSTIS, FL

City & State

EUSTIS, FL

4. FEI Number

Applied For

Not Applicable

Zip

32726

Country

LAKE

Zip

32726

Country

LAKE

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JULIUS J. DEGREGORIO**

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

2710 WASHINGTON AVE.

City

EUSTIS

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

JULIUS J. DEGREGORIO

SIGNATURE

Julius J. Degregorio

(NOTE: Registered Agent signature required when reinstating)

✓ 3-17-03

DATE

FEE IS \$61.25

Initial or Amended UBR

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	PRESIDENT
NAME	D PAT MESSINA
STREET ADDRESS	104 POINSETTA COVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	V.P.
NAME	T JOE PLUCHINO
STREET ADDRESS	24406 HIGHLAND DR.
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	TREASURER
NAME	HELEN DEMEO
STREET ADDRESS	701 MOUNT HOMER RD
CITY-ST-ZIP	APT A-1 EUSTIS, FL 32726
TITLE	SECRETARY
NAME	CATHY CESARIO
STREET ADDRESS	147 LAKE ANDREA CIR
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	T
NAME	JOE LIBERNINI
STREET ADDRESS	41516 CIR 452
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	T
NAME	JULIUS J DEGREGORIO
STREET ADDRESS	2710 E WASHINGTON AVE
CITY-ST-ZIP	EUSTIS FL 32726

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

2. 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 on an attachment with an address, with an other like empowered.

SIGNATURE: *Joseph Pluchino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03
Date

ABE GARDIAN
ACCOUNTING
352-383-1191
Daytime Phone #

CR2E037B (12/02)