

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90173 004 ****61.25

DOCUMENT # N41730

1. Entity Name

LOCAL 666 I.A.T.S.E. LAND CORP.

Principal Place of Business

7463 CONROY-WINDERMERE RD.
SUITE A BLDG A
ORLANDO FL 32835-2761

Mailing Address

7463 CONROY-WINDERMERE RD.
SUITE A BLDG A
ORLANDO FL 32835-2761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-0865897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIANNESCHI, LARRY

~~8467 ISLAND PALM CIRCLE~~

~~ORLANDO FL 32835~~

1942 Hemple Ave.

WINDERMERE, FL 34786

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.

SIGNATURE

Larry Gianneschi Larry Gianneschi 3/19/02

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 D ☐ Delete
NAME GIANNESCHI, LARRY
STREET ADDRESS 7463 CONROY RD #A
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PASQUALE, ROBERT D
STREET ADDRESS 7463 CONROY RD. #A
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME D Miller, Frank
STREET ADDRESS 7463 Conroy RD #A
CITY-ST-ZIP Orlando, FL

TITLE D ☐ Delete
NAME BURRELL, RUSSELL
STREET ADDRESS 7463 CONROY RD. #A
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Larry Gianneschi LARRY Gianneschi 3/19/02 407-295-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)