

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43631

1. Entity Name

ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.

Principal Place of Business

P.O. BOX 9977
PANAMA CITY BEACH FL 32417

Mailing Address

P.O. BOX 9977
PANAMA CITY BEACH FL 32417-0377

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

59-3075524

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

VIGGIANO, PATRICK
2204 N. HARBOUR DR.
LYNN HAVEN FL 32444

Name

John Calamita

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

6418 Pine Tree Ave

City

Panama City Bch

FL

Zip Code

32408

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 John Calamita - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00

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 DP
NAME VIGGIANO, PAT
STREET ADDRESS 2204 N. HARBOUR DR.
CITY-ST-ZIP LYNN HAVEN FL 32444

☒ Delete

TITLE VD
NAME NOWALINSKI, WALTER
STREET ADDRESS 2204 N. HARBOUR DR.
CITY-ST-ZIP LYNN HAVEN FL 32444

☒ Delete

TITLE SD
NAME NOWALINSKI, JOYCE
STREET ADDRESS 617 LIVE OAKS LANE
CITY-ST-ZIP PANAMA CITY FL 32405

☒ Delete

TITLE T
NAME KAUGH, NORMA
STREET ADDRESS 5323 THOMAS DR.
CITY-ST-ZIP PANAMA CITY FL 32408

☐ Delete

TITLE D
NAME TROIS, RUSS
STREET ADDRESS 658 16TH STREET
CITY-ST-ZIP PANAMA CITY FL 32408

☒ Delete

TITLE T
NAME FONDREN, BUD
STREET ADDRESS 652 MALAGA PL.
CITY-ST-ZIP PANAMA CITY FL 32413

☒ Delete

TITLE P
NAME John Calamita
STREET ADDRESS 6418 Pine Tree Ave
CITY-ST-ZIP Panama City Bch, FL 32408

☒ Change ☐ Addition

TITLE VP
NAME Joyce Troisi
STREET ADDRESS 658 16TH STREET
CITY-ST-ZIP Panama City Bch, FL 32413

☒ Change ☐ Addition

TITLE S
NAME FRAN CASSELLA
STREET ADDRESS 688 Malaga Place
CITY-ST-ZIP Panama City Bch, FL 32413

☒ Change ☐ Addition

TITLE T
NAME Norma Kaugh
STREET ADDRESS 5323 Thomas Dr
CITY-ST-ZIP Panama City Bch FL 32408

☐ Change ☐ Addition

TITLE Sgt at Arms
NAME George Claude
STREET ADDRESS 2101 W Hwy 390, #122
CITY-ST-ZIP Lynn Haven, FL 32444

☒ Change ☐ Addition

TITLE Trustee
NAME Tony Davina
STREET ADDRESS 2734 Green Tree Cr.
CITY-ST-ZIP Panama City, FL 32405

☒ Change ☐ Addition

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:

JOHN CALAMITA

1-28-00

233-2934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)