

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90011 021 \*\*\*\*61.25

**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

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

**CALAMITA, JOHN**  
**6418 PINETREE AVE**  
**PANAMA CITY FL 32408**

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

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 **P** ☒ Delete  
 NAME **CALAMITA, JOHN**  
 STREET ADDRESS **6418 PINETREE AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **P** ☒ Change ☐ Addition  
 NAME **FRANK MANCUSO**  
 STREET ADDRESS **2101 W. HWY 390 #307**  
 CITY-ST-ZIP **LYNN HAVEN, FL. 32444**

TITLE **VD** ☒ Delete  
 NAME **TROISI, JOYCE**  
 STREET ADDRESS **658 16TH STREET**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32415**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **EILEEN CLAQUE**  
 STREET ADDRESS **2101 W. HWY 390 #122**  
 CITY-ST-ZIP **LYNN HAVEN, FL. 32444**

TITLE **S** ☒ Delete  
 NAME **CASSELLA, FRAN**  
 STREET ADDRESS **688 MALAGA PLACE**  
 CITY-ST-ZIP **PANAMA CITY FL 32413**

TITLE **S** ☒ Change ☐ Addition  
 NAME **DOT MANCUSO**  
 STREET ADDRESS **2101 W. HWY 390 #307**  
 CITY-ST-ZIP **LYNN HAVEN, FL. 32444**

TITLE **T** ☒ Delete  
 NAME **KAOUGH, NORMA**  
 STREET ADDRESS **5323 THOMAS DR.**  
 CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **T** ☒ Change ☐ Addition  
 NAME **JOYCE NOWALINSKI**  
 STREET ADDRESS **617 LIVE OAK LANE**  
 CITY-ST-ZIP **PANAMA CITY, FL. 32408**

TITLE **SGTA** ☐ Delete  
 NAME **CLAOE, GEORGE**  
 STREET ADDRESS **2101 W HWY 390 22**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

TITLE **T** ☒ Delete  
 NAME **DAVINO, TONY**  
 STREET ADDRESS **2784 GREEN TREE DR.**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **T** ☒ Change ☐ Addition  
 NAME **WALTER NOWALINSKI**  
 STREET ADDRESS **617 LIVE OAK LANE**  
 CITY-ST-ZIP **PANAMA CITY, FL. 32408**

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:

*Francisco Hernandez Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-21-01**

CR2E037 (10/00)