

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43631

1. Entity Name

ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.

FILED

Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90066 032 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 9977
PANAMA CITY BEACH FL 32417

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

4. FEI Number

59-3075524

Applied For

Not Applicable

Zip

Country

Zip

Country

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANCUSO, FRANK
2101 W. HWY 390 #307
LYNN HAVEN FL 32444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CLAUQUE, EILEEN
2101 W. HWY 390 #122
LYNN HAVEN FL 32444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLAUQUE, GEORGE
2101 W. HWY 390
APT. # 801
LYNN HAVEN, FL 32444 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I
NOWALINSKI, JOYCE
617 LIVE OAK LANE
PANAMA CITY FL 32408 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COONEY, FRANK
6901 N. LAQUON DRIVE UNIT #9
PANAMA BEACH FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I
NOWALINSKI, WALTER
617 LIVE OAK LANE
PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)