

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90155 007 ****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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P MANCUSO, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2101 W. HWY 390 #307	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	VP CLAUQUE, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2101 W HWY 390 APT 801	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	S MANCUSO, DOT	<input type="checkbox"/> Delete
STREET ADDRESS	2101 W. HWY 390 #307	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	T NOWALINSKI, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	617 LIVE OAK LANE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE NAME	SGTA COONEY, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6901 N LAGOON DRIVE UNIT #9	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE NAME	T NOWALINSKI, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	617 LIVE OAK LANE	
CITY-ST-ZIP	PANAMA CITY FL 32408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P FRANCES M. CASSELLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	688 MALAGA PL	
CITY-ST-ZIP	PANAMA CITY Bch., FL 32413	
TITLE NAME	VP LES RAINBOW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	135 DOWNING ST	
CITY-ST-ZIP	PANAMA CITY Bch., FL 32413	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SGTA MANCUSO FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3014 LANNY LANE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED

2-22-03 (850) 235-2806

CR2E037 (10/02)