

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43919

1. Entity Name

SONS OF ITALY, MARION COUNTY, LODGE NUMBER 2648.

Principal Place of Business

560 SILVER COURSE LOOP  
OCALA FL 34472  
US

Mailing Address

560 SILVER COURSE LOOP  
OCALA FL 34472-8501  
US

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 **59-3073857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAGOSTA, DOMINICK  
560 SILVER COURSE LOOP  
OCALA FL 34472

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.

SIGNATURE

*Dominick Ragosta*

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

(NOTE: Registered Agent signature required when reinstating)

3-31-2000

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

TITLE **D** ☐ Delete  
NAME **RAGUSTA, DOMINICK**  
STREET ADDRESS **560 SILVER COURSE LOOP**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete  
NAME **PLACANICO, GIORGIO**  
STREET ADDRESS **1500 SE 189TH AVENUE**  
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE **D** ☐ Delete  
NAME **DE CONNA, ROBERT**  
STREET ADDRESS **18 E BROADWAY ST**  
CITY-ST-ZIP **OCALA FL**

TITLE **DFS** ☐ Delete  
NAME **CABE, LORRAINE**  
STREET ADDRESS **11277 SW 62 AVE RD**  
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Dominick Ragosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)