

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43919

FILED
Apr 25, 2003
Secretary of State

Entity Name: SONS OF ITALY, MARION COUNTY, LODGE NUMBER 2648, INC.

Current Principal Place of Business:

8701 SE 12TH CT
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

8701 SE 12TH CT
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3073857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORVAIA, THOMAS
8701 SE 12TH CT
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RAGOSTA, NICK
Address: 558 SILVER COURSE LOOP
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: SILANO, JERRY
Address: 2224 NE 39TH AVE
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: DIBELLO, BILL
Address: 8 TEAK RUN
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: PINO, DOLLY
Address: 4500 SE 18TH AVE
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: MASTROSERIO, LUIGI
Address: 23 HICKORY TRACK WAY
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: D'AMICO, STEVE
Address: 484 WATER RUN
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS INCORVAIA

PRES

04/25/2003

Electronic Signature of Signing Officer or Director

Date