

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90463 009 ****61.25

DOCUMENT # N50717

1. Entity Name

ITALIAN-AMERICAN SOCIAL CLUB OF POLK COUNTY, INC

Principal Place of Business

1599 - 6TH ST. SE
 WINTER HAVEN FL 33884
 US

Mailing Address

P O BOX 7496
 WINTER HAVEN FL 33883
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3188662

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, WALTER G.
98 FIRST STREET NORTH
WINTER HAVEN FL 33881

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	PD	<input type="checkbox"/> Delete
NAME	CARLUCCI, EDWARD	
STREET ADDRESS	605 AVE Q SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARLUCCI, EDWARD	
STREET ADDRESS	55 BUCK CIRCLE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARSOTTI, BETTY	
STREET ADDRESS	PO BOX 12299	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOSSO, NICOLETTA	
STREET ADDRESS	320 LOCHEN CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	SERGI, ERMELINDA	
STREET ADDRESS	3319 FOX RIDGE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MAC QUILL, RAY	
STREET ADDRESS	228 DIXIE CR	
CITY-ST-ZIP	HAINES CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB SAMHARO	
STREET ADDRESS	1491 AVENUE F N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADINE SERGI	
STREET ADDRESS	568 HEATHER GLEN DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON CORBY	
STREET ADDRESS	212 McLEAN DT W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE REQUIRED* ERMELINDA SERGI - 6-4-02 (863-324-1344)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)