


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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90145 009 \*\*\*\*61.25

<b>DOCUMENT # N50717</b>			
1. Entity Name <b>ITALIAN-AMERICAN SOCIAL CLUB OF POLK COUNTY, INC</b>			
Principal Place of Business <b>1599 - 6TH ST., SE WINTER HAVEN FL 33884 US</b>		Mailing Address <b>P O BOX 7496 WINTER HAVEN FL 33883 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3188662</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>BELL, WALTER G. 98 FIRST STREET NORTH WINTER HAVEN FL 33881</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARLUCCI, EDWARD 605 AVE Q SE WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Don Corby 212 Mc Lean Pointe West Winter Haven, FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SAMMARO, BOB 1491 AVE F NE WINTER HAVEN FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Anne Rabago 517 Shalise Blvd. Auburndale, FL 33823</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SERGI, NADINE 568 HEATHER GLEN DR WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Bob Sammaro 1491 Ave. F N.E. Winter Haven, FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CORBY, DON 212 MCLEAN PT W WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Connie Giardina 6005 Grand Oaks Drive Winter Haven, FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SERGI, ERMELINDA 3319 FOX RIDGE WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D Vern Corbin 243 Lake Link Rd. Winter Haven, FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR MAC QUILL, RAY 228 DIXIE CR HAINES CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ray Mac Quill 228 Dixie Circle Haines City, FL 33844</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRE** **May 07, 2003 863/318-0610**

CR2E037 (10/02)

Attachment

90134840  
N50717

Italian American Social Club of  
Polk County, Inc

Re. Uniform Business Report  
Document # N50717  
FEI Number 59-3188662

### Additional Directors

D

Sal Mogavero  
118 Beverly Dr. SE  
Winter Haven, FL 33884

D

Marie Oliver  
351 Holly Ridge Rd.  
Winter Haven, FL 33880

D

Clara Tancredi  
372 Lake Susanne Drive  
Lake Wales, FL 33853

Signed: Don Corby  
Don Corby, Pres.

Dated: May 07, 2003