

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90398 015 ****61.25

DOCUMENT # N93000004319

1. Entity Name

SOCIETA D'ITALIA, INC.

Principal Place of Business

**AMERICAN LEGION HALL
5201 RICHARDSON ROAD
SARASOTA FL 34232
US**

Mailing Address

**SOCIETA D'ITALIA C/O FRANK TARANTO
3308 SAINWOOD DR.
SARASOTA FL 34232
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

65-0462193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSITORE, DANIEL A
4170 CENTRAL SARASOTA PKY., #427
SARASOTA FL 34238**

Name: **COSITORE, DANIEL A**
Street Address (P.O. Box Number is Not Acceptable): **4475 Chase Oaks Drive**
City: **Sarasota** FL Zip Code: **34241**

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

4/11/02

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

TARANTO, FRANK ☐ Delete
3308 SPAINWOOD DR
SARASOTA FL 34232

CAFARO, NICK ☐ Delete
4310 MARCOH CIRCLE
SARASOTA FL 34233

COSITORE, CAROLE ☒ Delete
4294 HEARTHSTONE DR
SARASOTA FL 34238

TARANTO, RITA ☒ Delete
3308 SPAINWOOD DR
SARASOTA FL 33232

CELLA, ANTHONY ☐ Delete
7430 FAIRLINKS CIR.
SARASOTA FL 34243

COSITORE, DANIEL A ☐ Delete
4170 CENT. SARASOTA PKY., #427
SARASOTA FL 34238

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

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☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02

(941) 914-2190

CR2E037 (9/01)