

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 94000003582*

1. Entity Name

ITALIAN AMERICAN CIVIC CLUB, INC.

Principal Place of Business

Mailing Address

*7166 N. UNIVERSITY DR. SAME
TAMARAC, FL. 33321*

2. Principal Place of Business

3. Mailing Address

7166 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC, FL.

4. FEI Number

65-0704747

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0076073

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*MELA, ANGELO
7266 PAPAYA WAY
TAMARAC, FL. 33321*

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 *P* ☐ Delete
NAME *Mela, Angelo*
STREET ADDRESS *7266 PAPAYA WAY*
CITY-ST-ZIP *TAMARAC, FL. 33321*

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

TITLE *VP* ☐ Delete
NAME *SEMENZA, SAM*
STREET ADDRESS *2901 FIGUE WAY*
CITY-ST-ZIP *DELRAY BCH, FL. 33445*

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

TITLE *D* ☐ Delete
NAME *LOUIS SANTAPRIA*
STREET ADDRESS *5102 NW 53 ST.*
CITY-ST-ZIP *TAMARAC, FL. 33319*

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

TITLE *D* ☐ Delete
NAME *William C. RMINELLO*
STREET ADDRESS *8105 NW 100 TERR.*
CITY-ST-ZIP *TAMARAC, FL. 33321*

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

TITLE *T* ☐ Delete
NAME *ELIZABETH ACQUAVELLA*
STREET ADDRESS *1665 CYPRESS PT. DR.*
CITY-ST-ZIP *CORAL SPRINGS, FL. 33071*

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

TITLE *S* ☐ Delete
NAME *JO GERMANO*
STREET ADDRESS *9330 HOME BAY BLVD. # 304*
CITY-ST-ZIP *TAMARAC, FL. 33321*

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: *Angelo Mela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00 954-721-8020

CR2E037 (9/99)