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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91784 047 ****61.25

DOCUMENT # N94000003582

1. Entity Name
ITALIAN AMERICAN CIVIC CLUB, INC.

✓

11041554

Principal Place of Business	Mailing Address
7166 W. UNIVERSITY DR. TAMARAC, FL 33321	7166 W. UNIVERSITY DR. TAMARAC, FL 33321

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7629 N University Dr	7629 N University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Fl	City & State: Tamarac, Fl
Zip: 33321 Country: USA	Zip: 33321 Country: USA

4. FEI Number: 65-0704747 ☐ 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
ABBATE, DENNIS 9565 TROPICAL PARK PL BOCA RATON, FL 33428	Name: John Blanchard Street Address (P.O. Box Number is Not Acceptable): 7629 N University Dr City: Tamarac FL Zip Code: 33321

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: John Blanchard (Pres) John Blanchard (Pres) 4-29-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABBATE, DENNIS 7166 N. UNIVERSITY DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dana Bianca 7629 N University Dr Tamarac, Fl 33321	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MENEO, JOHN 7166 N. UNIVERSITY DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Mineo 7629 N University Dr Tamarac, Fl 33321	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHARD, JOHN 4698 ARBOR OAKS LANE BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD, S, T John Blanchard 7629 N University Dr Tamarac, Fl 33321	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBATE, JOHN 7166 N. UNIVERSITY DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MENDEZ, MARANGELLY 7166 N. UNIVERSITY DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BIANCHI, DANA 4698 ARBOR OAKS LANE #105 BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: John Blanchard (Pres) John Blanchard 4-29-03 954-722-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* Note New Address