

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004876

1. Entity Name

ITALIAN-AMERICANS OF ST. LUCIE BUILDING FOUNDATI

Principal Place of Business

Mailing Address

765 DALTON CIRCLE
PT ST LUCIE FL 34953

765 DALTON CIRCLE
PT ST LUCIE FL 34953-5800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0620596

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

CONSIGLIO, HENRY
765 DALTON CIR
PORT ST LUCIE FL 34953

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

Henry Consiglio Henry Consiglio

3/24/00

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
NAME CONSIGLIO, HENRY
STREET ADDRESS 765 DALTON CIR
CITY-ST-ZIP PT ST LUCIE FL 34953 ☐ Delete

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

TITLE VD
NAME SCALA, BILL
STREET ADDRESS 765 DALTON CIR
CITY-ST-ZIP PT ST LUCIE FL 34953 ☒ Delete

TITLE VD
NAME William Martino
STREET ADDRESS 765 Dalton Cir
CITY-ST-ZIP PT ST LUCIE FL 34953 ☒ Change ☐ Addition

TITLE STD
NAME PARADYSZ, ANN
STREET ADDRESS 2032 PYRAMID RD
CITY-ST-ZIP PT ST LUCIE FL 34952 ☒ Delete

TITLE STD
NAME R. TaGonsalves
STREET ADDRESS 765 Dalton Cir
CITY-ST-ZIP PT ST LUCIE FL 34953 ☒ Change ☐ Addition

TITLE CT
NAME DI MAURO, DAN
STREET ADDRESS 1502 HEARING CT
CITY-ST-ZIP PT ST LUCIE FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Henry Consiglio REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 561 335 4025
Date Daytime Phone #

CR2E037 (9/99)