

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90081 042 ****61.25

DOCUMENT # N95000004876

1. Entity Name

ITALIAN-AMERICANS OF ST. LUCIE BUILDING FOUNDATI

Principal Place of Business

765 DALTON CIRCLE
PT ST LUCIE FL 34953

Mailing Address

765 DALTON CIRCLE
PT ST LUCIE FL 34953

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

65-0620596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSELIO, HENRY
765 DALTON CIR
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

JOSEPH A. BRANN

Street Address (P.O. Box Number is Not Acceptable)

765 DALTON CIR.

PORT ST LUCIE, FL

34953

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 **JOSEPH A. BRANN**

Signature, typed or printed name of registered agent and title if applicable.

Joseph A. Brann

NOTE: Registered Agent signature required when reinstating)

2-13-01

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

TITLE **PD** ☒ Delete
NAME **CONSIGLIO, HENRY**
STREET ADDRESS **765 DALTON CIR**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **VD** ☒ Delete
NAME **MARTINO, WILLIAM**
STREET ADDRESS **765 DALTON CIR**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **STD** ☒ Delete
NAME **GONSALVES, RITA**
STREET ADDRESS **765 DALTON CIR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **JOSEPH A. BRANN**
STREET ADDRESS **765 DALTON CIR.**
CITY-ST-ZIP **PORT ST LUCIE, FL. 34953**

TITLE **VD** ☒ Change ☐ Addition
NAME **REGGIE FORZANO**
STREET ADDRESS **765 DALTON CIR.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **STD** ☒ Change ☐ Addition
NAME **DAVE DI FLORIO**
STREET ADDRESS **765 DALTON CIR.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **CT** ☐ Change ☐ Addition
NAME **DAN. DI MAURO**
STREET ADDRESS **1502 HEARING CT**
CITY-ST-ZIP **PORT ST LUCIE, FL, 34952**

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

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:

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

JOSEPH A. BRANN 2-13-01 561-335-5585

Date

Daytime Phone #

CR2E037 (10/00)