FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # N9600003227 1. Entity Name CLUB ITALIA, INC. 04-10-2001 90107 023 ****61.25 Principal Place of Business Mailing Address 441 TULIP DR 441 TULIP DR SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0656707 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARY MARANO Street Address (P.O. Box Number is Not Acceptable) PALMIERI, JIM 441 TULIP DR 919 S.W. LAUREL KIR. SEBASTIAN FL 32958 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE Delete TITLE PD ☐ Change ■ Addition PALMIERI JIM INA GINIADO NAME NAME 266 PERIWINKLE DR. STREET ADDRESS 441 TULIP DRIVE STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 **VPD** VPP D Delete TITLE ☐ Change Addition TITLE NORMA SHORT MARANO, FRED NAME NAME 512 GERALD ST STREET ADDRESS 919 SW LAUREL CIR STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-7IP **BAREFOOT BAY FL 32976** SD Delete TITLE TITLE ☐ Change ☐ Addition MARISA INSOLERA GINISO, INA NAME NAME 448 SEAGRASS AVE 266 PERWINKLE DR STREET ADDRESS STREET ADDRESS SEBASTIAN, FL. 32958 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 Delete TITLE □ Change ☐ Addition MARY MIARANO BEUDERT, JEAN NAME NAME 919 S.W. LAUREL CIR STREET ADDRESS 992 TARPON AVE STREET ADDRESS BAREFUOT BAY, FL. 32976 CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP MOAD MOAD TITLE Delete TITLE ☐ Change CAROLECATINELLA ☐ Addition HOPKINS, RICHARD NAMÉ NAME 338 MAIN ST 170 JOY HAVEN DR STREET ADDRESS STREET ADORESS SEBASTIAN, FL. 3295B CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NONINGEREQUIPMARY MARANO 4-04-01

CR2E037 (10/00