

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90135 043 ****61.25

DOCUMENT # N96000003227

1. Entity Name

CLUB ITALIA, INC.

Principal Place of Business

Mailing Address

~~441 TULIP DR~~
~~SEBASTIAN FL 32958~~
~~US~~

~~441 TULIP DR~~
~~SEBASTIAN FL 32958~~
~~US~~

2. Principal Place of Business

3. Mailing Address

MARY MARANO

919 LAUREL CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BAREFOOT BAY FL

Zip

Country

Zip

Country

32976

BREVARD

4. FEI Number

65-0656707

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

MARANO, MARY
919 SW LAUREL CIR
BAREFOOT BAY FL 32976

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Marano

7-22-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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** ☐ Delete
 NAME **GINISO, INA**
 STREET ADDRESS **266 PERWINKLE DR**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME **GINISO INA** *(spelling)*

TITLE **VPD** ☐ Delete
 NAME **SHORT, NORMA**
 STREET ADDRESS **572 GERALD ST**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **INSOLERA, MARISA**
 STREET ADDRESS **448 SEAGRASS AVE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
 NAME **MARANO, MARY**
 STREET ADDRESS **919 S.W. LAUREL CIR**
 CITY-ST-ZIP **BAREFOOT FL 32976**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE **MOAD** ☐ Delete
 NAME **CATINELLA, CAROLE**
 STREET ADDRESS **338 MAIN ST**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ 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:

SIGNATURE REQUIRED

7-22-02

1-772-661-9892

CR2E037 (4/02)