

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004743

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA, ISLAND X-17FL I

Principal Place of Business

7917 WOBURN ST
NEW PORT RICHEY FL 34653
US

Mailing Address

7917 WOBURN ST
NEW PORT RICHEY FL 34653
US

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 59-3173863

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

RIZZO, PAUL
7917 WOBURN ST
NEW PORT RICHEY FL 34653

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

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 YANNARELLA, J
STREET ADDRESS 4409 KONGA COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655-1637 ☒ Delete

TITLE VD
NAME DeFeis, Nick
STREET ADDRESS 1011 Hiddley Ct.
CITY-ST-ZIP Lakeland, FL 33809 ☐ Change ☒ Addition

TITLE PD
NAME RIZZO, P.J.
STREET ADDRESS 7917 WOBURN STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE PD
NAME Rizzo P.J.
STREET ADDRESS 7917 Woburn St.
CITY-ST-ZIP New Port-Richey, FL 34653 ☒ Change ☐ Addition

TITLE D
NAME LOHRENTZ, R.A.
STREET ADDRESS 9939 BROOKDALE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE TD
NAME VAUGHAN, R.J.
STREET ADDRESS 4217 CASTLEWOOD DR
CITY-ST-ZIP HOLIDAY FL 34691 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-376-0178

CR2E037 (10/00)