

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90100 033 ****61.25

DOCUMENT # N96000004743

1. Entity Name

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

Principal Place of Business

Mailing Address

11438 TEETIME CIRCLE
NEW PORT RICHEY FL 34654
US

11438 TEETIME CIRCLE
NEW PORT RICHEY FL 34654
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 Rizzo Paul J.
Street Address (P.O. Box Number is Not Acceptable) 11438 Tee Time Cir.
City New Port Richey FL 34654

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

Paul J. Rizzo

9 JAN 02

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	VD	<input type="checkbox"/> Delete
NAME	DEPEIS, NICK	
STREET ADDRESS	1011 HIDDEN CT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIZZO, P.J.	
STREET ADDRESS	7917 WOBURN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOHRENTZ, R.A.	
STREET ADDRESS	9939 BROOKDALE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAUGHAN, R.J.	
STREET ADDRESS	4217 CASTLEWOOD DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rizzo P.J.	
STREET ADDRESS	11438 Tee Time Cir.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Matteo, Mike	
STREET ADDRESS	4450 Fort Shaw Dr.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul J. Rizzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 JAN 02 727-848-0245

CR2E037 (9/01)