

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001279

1. Entity Name

AMERICAN ITALIAN CLUB OF THE PALM BEACHES, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90030 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O GILBERT MARTIN  
5399 MENDOZA STREET  
WEST PALM BEACH FL 33415

C/O GILBERT MARTIN  
5399 MENDOZA STREET  
WEST PALM BEACH FL 33415-9110

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

**NOT APPLICABLE**

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

~~MARINELLI, JOHN P~~  
1615 FORUM PLACE, STE. 500-B  
WEST PALM BEACH FL 33401

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **MARTIN, GILBERT**  
CITY-ST-ZIP **5399 MENDOZA STREET**  
**W.P.B. FL 33415**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CHONKA, EDWARD**  
CITY-ST-ZIP **6238 RED CEDAR CIRCLE**  
**GREENACRES FL 33463**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **GELO, ROSE**  
CITY-ST-ZIP **1017 N. "L" ST.**  
**LAKE WORTH FL 33460**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DE SANCTIS, GRACE**  
CITY-ST-ZIP **3083 CASA RIO CT.**  
**W.P.B. FL 33418**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MONTALBANO, JOE**  
CITY-ST-ZIP **2569 W.DUDLEY DRIVE "B"**  
**W.P.B. FL 33415**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CARAVONE, FRED**  
CITY-ST-ZIP **331 SOUTH HAMPTON "B"**  
**W.P.B. FL 33417**

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:

*Gilbert Martin* **GILBERT MARTIN** 1/7/00 (561) 434-2948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #