

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001279

1. Entity Name

AMERICAN ITALIAN CLUB OF THE PALM BEACHES, INC.

Principal Place of Business

% EDWARD CHONKA
6238 RED CEDAR CIRCLE
LAKE WORTH FL 33463

Mailing Address

% EDWARD CHONKA
6238 RED CEDAR CIRCLE
LAKE WORTH FL 33463

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

MARINELLI, JOHN P
1815 FORUM PLACE, STE. 500-B
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CHONKA, EDWARD
6238 RED CEDAR CIRCLE
GREEN ACRES FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
RAD, VINCENT
3811 SUMMER CREEK DRIVE
LAKE WORTH FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
GELO, ROSE
3531 PINE NEEDLE DRIVE # 2781
GREEN ACRES FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
TAWI, JOHN
2886 FARNLY DRIVE E # 46
WEST PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MONTALBANO, JOE
2569 W.DUDLEY DRIVE "B"
W.P.B. FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARAVONE, FRED
331 SOUTH HAMPTON "B"
W.P.B. FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ 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

FOR A.I.C. Edward Chonka

EDWARD CHONKA
PRES.

Date 5-29-02 Daytime Phone 461-434 7815

CR2E037 (9/01)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-13-2002 90035 040 ****61.25



DO NOT WRITE IN THIS SPACE