

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001315

1. Entity Name

IL CIRCOLO FOUNDATION OF THE PALM BEACHES, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90106 008 ****61.25

Principal Place of Business

Mailing Address

5895 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418
US

5895 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

3605 S. Ocean Blvd.

3605 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308-B

308-B

City & State

City & State

Palm Beach FL

Palm Beach FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. FEI Number

65-0803351

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

SAFRAN/ PAUL JR
5895 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

Name

MARZELLI, A. Richard

Street Address (P.O. Box Number is Not Acceptable)

3605 S. Ocean Blvd. # 307-B

City

Palm Beach

FL

Zip Code

33480

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 A. Richard Marzelli, Vice President

1/22/02

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 PD ☒ Delete
NAME SAFRAN, PAUL JR
STREET ADDRESS 5895 WHIRLAWAY RD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE PD ☒ Change ☐ Addition
NAME SMITH, JANE
STREET ADDRESS 3605 S. Ocean Ave #308-B
CITY-ST-ZIP Palm Beach FL 33480

TITLE VD ☐ Delete
NAME FORTE, S. VINCENT
STREET ADDRESS 2540 BOUNDBROOK BLVD #106
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE AVO ☐ Delete
NAME MARZELLI, A. RICHARD
STREET ADDRESS 3605 S OCEAN BLVD APT. 307B
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ Change ☐ Addition
NAME MARZELLI, A. Richard
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GUGLIEMINI, VINCENT
STREET ADDRESS 710 SW 18TH COURT
CITY-ST-ZIP BOYNTON BEACH FL 33426

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

TITLE TD ☐ Delete
NAME RIPORELLA, LILLIAN
STREET ADDRESS 5080 N OCEAN BLVD APT 50
CITY-ST-ZIP SINGER ISLAND FL 33404

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jane Smith, President 1/22/02 582-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)