

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 22 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002533

1. Entity Name  
*Sicilian American Cultural Society, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*8641 BOCA GLADES, W.*

Suite, Apt. #, etc.  
*F*

City & State  
*BOCA RATON, FL*

Zip  
*33434*

Country  
*USA*

3. Mailing Address  
*8641 BOCA GLADES, W.*

Suite, Apt. #, etc.  
*F*

City & State  
*BOCA RATON, FL*

Zip  
*33434*

Country  
*USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-0830407*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*JOHN P. MARINELLI, ESQ*

Street Address (P.O. Box Number is Not Acceptable)  
*1615 FORUM PLACE, SUITE 500-B*

City  
*WEST PALM BEACH FL*

Zip Code  
*33401*

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]*

*JOHN P. MARINELLI, ESQ.*

DATE

*4-30-02*

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PRESIDENT  
ALVIN A. ADAMS  
8641 F BOCA GLADES, WEST  
BOCA RATON, FL 33434*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*VICE PRESIDENT  
ALDO CAMILLUCCI  
4250 NW 30TH ST #158  
COCONUT CREEK, FL 33066*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*2ND VICE PRESIDENT  
MARY DIGILIO  
4899 NW 5TH AVE  
BOCA RATON, FL 33431*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*RECORDING SECRETARY  
ROSALIE ADAMS  
8641 F BOCA GLADES, WEST  
BOCA RATON, FL 33434*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TREASURER  
SALVATORE CAMPAGNA  
5957 ROYAL ISLES BLVD  
BOYNTON BEACH, FL 33437*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DIRECTOR  
DOMINICK DIGILIO  
4611 VESPASIAN CT  
LAKE WORTH, FL 33463*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*200005693202--1  
-06/05/02--01057--019  
\*\*\*\*122.50 \*\*\*\*122.50*

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *ALVIN A. ADAMS April 3, 2002 5618525865*

CR2E037B-(12/01)

Attachment #



TRINACRIA  
SICILIAN-AMERICAN CULTURAL SOCIETY, Inc.  
*Società Della Cultura Siciliana*

N9800002533

April 3, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

To the attention of the Recording Secretary;

Due to the fact that our office was moved in December 2000, we did not receive the UBR report for 2001 and its filing was not completed.

This filing is for 2001 and 2002, please reinstate our corporation in your records.

Attached please find our check, in the amount of \$122.50 for both filings.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'Alvin A. Adams'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Alvin A. Adams, President