

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004138

1. Entity Name

FLORIDA ITALIAN AMERICAN CAUCUS OF ELECTED OFFIC

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90087 017 ****61.25

Principal Place of Business

11088 N.W. 23RD CT.
SUNRISE FL 33322

Mailing Address

11088 N.W. 23RD CT.
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0857425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOREN, SAMUEL S ESQ.
3099 E. COMMERCIAL BLVD., STE.200
FT. LASUDERDALE FL 33308

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:
FEES 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	D	<input type="checkbox"/> Delete
NAME	BRADY, JACK	
STREET ADDRESS	6808 STARDUST	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRERRI, SAMUEL J	
STREET ADDRESS	509 LANDINGS BLVD.	
CITY-ST-ZIP	GREENACRES FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATALE, MICHAEL	
STREET ADDRESS	8001 S.W. 7TH PL.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIS, FRANK	
STREET ADDRESS	11621 N.W. 23RD. STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCUOTTO, JOSEPH A	
STREET ADDRESS	11088 N.W. 23RD CT.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRINCHITELLA, AMADEO	
STREET ADDRESS	155 RICHMOND F	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

Joseph A. Scutto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00 (954) 512-0511

CR2F037 (9/99)