

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 12 AM 9:38

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005980 ✓

1. Corporation Name

THE VIZIOLI FOUNDATION, INC.

Principal Place of Business

7500 SAN MORITZ DRIVE
PORT RICHEY FL 34668
3900 LAKE WARREN DR
Orlando, FL 32812

Mailing Address

7500 SAN MORITZ DRIVE
PORT RICHEY FL 34668
3900 LAKE WARREN DR
Orlando, FL 32812



3/11/99 90162 040 BL01.25

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VIZIOLI, NICOLA
7500 SAN MORITZ DRIVE
PORT RICHEY FL 34668
3900 LAKE WARREN DR
Orlando, FL 32812

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

VIZIOLI, NICOLA

STREET ADDRESS

7500 SAN MORITZ DRIVE 3900 LAKE WARREN DR

CITY-ST-ZIP

PORT RICHEY FL 34668 Orlando, FL 32812

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

DST

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

VIZIOLI, FILOMENA

STREET ADDRESS

7500 SAN MORITZ DRIVE 3900 LAKE WARREN DR

CITY-ST-ZIP

PORT RICHEY FL 34668 Orlando, FL 32812

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

DV

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

VIZIOLI, JOHN

STREET ADDRESS

3341 HONEYSUCKLE LANE

CITY-ST-ZIP

ORLANDO FL 32813

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

4.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicola Vizioli

Date

Daytime Phone #

407-856-2445

CR2E037 (5/99)