

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005980

1. Entity Name

THE VIZIOLI FOUNDATION, INC.

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

07-21-2000 90161 029 ****61.25

Principal Place of Business

3900 LAKE WARREN DR
ORLANDO FL 32812

Mailing Address

3900 LAKE WARREN DR
ORLANDO FL 32812

2. Principal Place of Business

THE VIZIOLI FOUNDATION
Suite, Apt. #, etc.

3. Mailing Address

3900 LAKE WARREN DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO Florida

City & State

ORLANDO, Florida

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

32812

U.S.A

Zip

Country

32812

U.S.A

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

VIZIOLI, NICOLA
3900 LAKE WARREN DR
ORLANDO FL 32812

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

Nicola Vizioli

Nicola Vizioli

7-17-2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VIZIOLI, NICOLA	
STREET ADDRESS	3900 LAKE WARREN DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VIZIOLI, FILOMENA	
STREET ADDRESS	3900 LAKE WARREN DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VIZIOLI, JOHN	
STREET ADDRESS	3341 HONEYSUCKLE LANE	
CITY-ST-ZIP	ORLANDO FL 32813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 856-2445

CR2E037 (5/00)