

AMENDED

FILED

03 JUL -9 PM 12:04

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006914

1. Entity Name
THE ITALIAN AMERICAN CLUB OF TAMARAC,
INC.

Principal Place of Business
8201 NW 74TH AVE
TAMARAC, FL 33321

Mailing Address
8201 NW 74TH AVE
TAMARAC, FL 33321

500021414765
07/09/03--01052--003 **\$1.25

2. Principal Place of Business
7629 N. University Dr.
Suite, Apt. #, etc. DR.

3. Mailing Address
7629 N. University Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tamarac FL

City & State
Tamarac FL

Zip
33321

Country
USA

Zip
33321

Country
USA

4. FEI Number
65-0911514

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MELA, ANGELO
8201 NW 74TH AVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
John Blanchard
Street Address (P.O. Box Number is Not Acceptable)
7629 N. University Drive
City
Tamarac FL Zip Code
33321

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. I am familiar with, and accept the obligation:
SIGNATURE: John Blanchard (Pres.) John Blanchard 7/7/03

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	Binaca Dana	☒ Change ☐ Addition
NAME	GAUDIO, JOSEPH		NAME	7629 N. University DR	
STREET ADDRESS	4400 NW 30TH ST		STREET ADDRESS	Tamarac, FL 33321	D
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	DCB	☒ Delete	TITLE	John Menco	☒ Change ☐ Addition
NAME	MELA, ANGELO		NAME	7629 N. University Dr.	D
STREET ADDRESS	8201 NW 74TH AVE		STREET ADDRESS	Tamarac, FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Blanchard John	☒ Change ☐ Addition
NAME	SANTAPRIA, GRACE		NAME	7629 N. University Dr.	PD, ST
STREET ADDRESS	5102 NW 53RD STREET		STREET ADDRESS	Tamarac, FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CANNONE, JOSEPH		NAME		
STREET ADDRESS	8270 NW 95TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GERMANO, JOSEPHINE		NAME		
STREET ADDRESS	9330 LIME BAY BLVD APT 304		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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 a address, with all other like empowered.

SIGNATURE: Angelo Mela signed by attorney-in-fact 7/7/03 (954)
Cly Beebe

26 7/10