NOT-FOR-PROFIT CORPORATION

## Apr 17, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N 9900000160 04-17-2003 90158 010 \*\*\*\*61.25 ST. CLOUD/KISSIMMEE - SONS-OF ITALY - LODGE # 2731 10075691 DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 3505 Vinning Ct. St cloud Kiss. SOI# <u> Isenwa Genter</u> DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Flori de Not Applicable Kissim wee Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34741 Osceol A 7. Name and Address of Current Registered Agent JOSEPH - J - GAMBARDELLA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable 3443 - FERNWOOD -IN THIS SPACE 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 obligations of registered agent. SECRETARY FINANCIAL 9. Election Campaign Financing Make Check Pavable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS PRESIDENT IRENE-LAMAND 3505-VINNING CT. NAME NAME STREET ADDRESS STREET ADDRESS KissIMMEE - FL. 34741 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT THOMAS - DECIO NAME NAME 325-ROSEDALE AVE- LOT#25 STREET ADDRESS STREET ADDRESS ST. CLOUD, FL - 34769 SECRETARY-CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE LEONA . STUCHLAK 3196 HANGING - MOSS - CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE KISSIMMEE., FL-34741 CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TREASURER NAME NAME CAROL-GOFFIGAN 25-SILVER - SWAN-COURT STREET ADDRESS STREET ADDRESS KISSIMMEE, FL. 34743 FINANCIAL, SECRETARY CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME JOSEPH. J. GAMBAR DELLI 3443 - FERNWOOD - DRIVE -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/F KISSIMMEE-FL-

FILED

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS

SIGNATURE: Joseph & Sambardella TOSEPH- J-GAMBARDELLA

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.