

DOCUMENT # N99000002100

1. Entity Name

THE ITALIAN AMERICAN CLUB OF PALM HARBOR, INC.

Principal Place of Business

Mailing Address

38854 US 19 NORTH
TARPON SPRINGS FL 3468938854 US 19 NORTH
TARPON SPRINGS FL 34689-3981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0198735

Applied For

Not Applicable

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

CASALE CHARLES
38854 US 19 NORTH
TARPON SPRINGS FL 34689

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:
FEE 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	P	<input type="checkbox"/> Delete
NAME	CASALE, CHARLES	
STREET ADDRESS	38854 US 19 NORTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	V	<input type="checkbox"/> Delete
NAME	GRAZIANO, TOMAS	
STREET ADDRESS	38854 US 19 NORTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	S	<input type="checkbox"/> Delete
NAME	DEAMBOSIO, FRANK	
STREET ADDRESS	38854 US 19 NORTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE		<input type="checkbox"/> Delete
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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)(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 an address, with all other like empowered.

SIGNATURE: CHARLES CASALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00 (727) 937-5609

Date Daytime Phone #

FILED

00 FEB 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)