

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002100

1. Entity Name

THE ITALIAN AMERICAN CLUB OF PALM HARBOR, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90310 014 ****70.01

Principal Place of Business Mailing Address
38854 US 19 NORTH 38854 US 19 NORTH
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689

00019437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

4. FEI Number 65-0198735 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

CASAL, 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 D CASALE, CHARLES
NAME
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D GRAZIANO, TOMAS
NAME
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D DEAMBOSIO, FRANK
NAME
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)