

5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-10-2001 90205 005 ****61.25

DOCUMENT # N99000002983

1. Entity Name

GARIBALDI BRIGADE, INC.

Principal Place of Business

18902 APIAN WAY
LUTZ FL 33549

Mailing Address

18902 APIAN WAY
LUTZ FL 33549 33558

76636



DO NOT WRITE IN THIS SPACE

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

59-3227911

APPLIED FOR

☒ Applied For☐ Not Applicable5. 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

BOACCARELLA, DOMINIC J
 4144 N. ARMENIA AVE. STE. 300
 TAMPA FL 33607

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 NAME STREET ADDRESS CITY - ST - ZIP	D CALTAGIRONE, JOSEPH P 18902 APIAN WAY LUTZ FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACCARELLA, DOMINIC J 4144 N. ARMENIA STE. 300 TAMPA FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPITANO, MICHELLE F 4133 RIVERVIEW AVE. TAMPA FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joseph P. Caltagirone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

813-2530421

Date

Daytime Phone #

CR2E037 (10/00)

attachment Doc # N99000002983-76636

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-05-2001
NUMBER OF THIS NOTICE: CP 575 K
EMPLOYER IDENTIFICATION NUMBER: 59-3727911
FORM: SS-4 (TELE-TIN)
0716820350 0

GARIBALDI BRIGADE INC
% JOSEPH P CALTAGIRONE
18902 APIAN WAY
LUTZ FL 33549

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 59-3727911. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

If you haven't already completed Form SS-4, Application for Employer Identification Number, we need you to do it now so your account record will be complete. You can get Form SS-4 at your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676). After you complete the Form SS-4, sign and date it and write your new EIN, 59-3727911, in the upper right hand corner. Please return it to us with the bottom part of this notice by 07-20-2001. We've enclosed an envelope for your convenience.

Keep this part for your records.

CP 575 K (Rev. 1-2001)

Attachment
Doc # N99000002983
76636

July 12, 2001

Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Subject: Garibaldi Brigade, Inc.

Reference Number: N99 000002983


Supplementing my letter of June 25th 2001, I'm enclosing corrected 2001 Uniform business report showing the FEI Number as #59-3727911 given to us by the IRS.

You had previously received my check in the amount of \$61.25.

Please proceed and complete the filing of this report.

Thanking you,

Sincerely,


Joseph P. Caltagirone
18902 Apian Way
Lutz, Fl. 33558

Enc.

P. S. Please note new zip code # as 33558