

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91492 033 ****61.25

DOCUMENT # N99000002983

1. Entity Name

GARIBALDI BRIGADE, INC.

Principal Place of Business

Mailing Address

18902 APIAN WAY
 LUTZ FL 33549

18902 APIAN WAY
 LUTZ FL 33558

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

59-3727911

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

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

Name **JOSEPH P. CALTAGIRONE**

Street Address (P.O. Box Number is Not Acceptable)

18902 APIAN WAY

City **LUTZ**

FL

Zip Code

33558

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

Joseph P. Caltagirone, President **4/20/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25

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** NAME **CALTAGIRONE, JOSEPH P** ☐ Delete
 STREET ADDRESS **18902 APIAN WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** NAME **BACCARELLA, DOMINIC J** ☒ Delete
 STREET ADDRESS **4144 N. ARMENIA STE. 300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** NAME **CAPTANO, MICHELLE F** ☐ Delete
 STREET ADDRESS **4133 RIVERVIEW AVE.**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** NAME **CALTAGIRONE, JOSEPH JR.** ☐ Delete
 STREET ADDRESS **4133 RIVERVIEW AVE.**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** NAME **CALTAGIRONE, JOSEPH JR.** ☐ Change ☒ Addition
 STREET ADDRESS **4133 RIVERVIEW AVE**
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

Date

4/20/02

Daytime Phone #

CR2E037 (9/01)