

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037462

1. Entity Name

LA FAMIGLIA VERONA INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90036 001 ***300.00

Principal Place of Business

17755 PARK VILLAGE BLVD
FT MYERS FL 33908-6131

Mailing Address

17755 PARK VILLAGE BLVD
FT MYERS FL 33908-6131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0654465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VERONA, PASQUALE A
17755 PARK VILLAGE BLVD
FT MYERS FL 33908-6131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	VERONA, FELICIA M	
STREET ADDRESS	17755 PARK VILLAGE BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ Delete
NAME	VERONA, MATTHEW F	
STREET ADDRESS	RR2, BOX 953	
CITY-ST-ZIP	SHINNSTON W 26431-7636	
TITLE	D	☐ Delete
NAME	VERONA/SFILIGOJ, JEAN MARIE	
STREET ADDRESS	2274 ASHLEY RIVER., #1007	
CITY-ST-ZIP	CHARLESTON SC 29414	
TITLE	D	☐ Delete
NAME	VERONA, MICHAEL A	
STREET ADDRESS	3099 NW 27TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	☐ Delete
NAME	VERONA, ANTHONY Y	
STREET ADDRESS	4041 CAMBROOK LANE	
CITY-ST-ZIP	WATERFORD MI 48329	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)