

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90117 023 ****61.25

UBR1201

DOCUMENT # 744767

1. Entity Name

VOITURE LOCAL 797 SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

**159 AMERICAN LEGION WAY
 P.O. BOX 1631
 VENICE FL 34284-8631**

**159 AMERICAN LEGION WAY
 P.O. BOX 1631
 VENICE FL 34284-8631**

RUU15063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**MARLATT, EDWARD J.
 6926 ROSLYN COURT
 NORTHPORT FL 34287**

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 Delete
 NAME **V RALPH BREEDEN**
 STREET ADDRESS **217 HIGH POINT DR**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D METLER, FRED B**
 STREET ADDRESS **2992 SUNSET BCH DR**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME **D HOUTZER, WILLIAM**
 STREET ADDRESS **569 BAIARWOOD RD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Delete
 NAME **S KEY, RICHARD**
 STREET ADDRESS **1000 GONDOLA DRIVE N**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME **S HOWELL, JOSEPH**
 STREET ADDRESS **9009 HAZO LN**
 CITY-ST-ZIP **VENICE 34293**

TITLE Delete
 NAME **D KEWER, JOHN**
 STREET ADDRESS **517 NEPONSIT DR S**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P DOUGLASS, GABY**
 STREET ADDRESS **531 SHERIDAN DRIVE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BOARDMAN, EDGAR**
 STREET ADDRESS **364 MONET PLACE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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: **Edgar Boardman**

1-17-2001

941-966-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)