

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90146 016 ****61.25

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**

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

NOT APPLICABLE

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

**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	V	<input type="checkbox"/> Delete
NAME	RALPH BREEDEN	
STREET ADDRESS	217 HIGH POINT DR	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUTZER, WILLIAM	
STREET ADDRESS	569 BRIARWOOD RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, JOSEPH	
STREET ADDRESS	9009 HIROLD LN	
CITY-ST-ZIP	VENICE FL 34283	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEWER, JOHN	
STREET ADDRESS	517 NEPONSIT DR S	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOUGLASS, GABY	
STREET ADDRESS	531 SHERIDAN DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOARDMAN, EDGAR	
STREET ADDRESS	384 MONET PLACE	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHRING TOM	
STREET ADDRESS	901 SOUTH GONDOLA	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, PAUL C	
STREET ADDRESS	407 BELLINI CIR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ed Boardman* RECEIVED RECARDS. BOARD MAN

JAN 16, 2002 941-966-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)