

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90004 038 \*\*\*\*61.25

**DOCUMENT # 762654**

1. Entity Name

**VENICE BAY ADULT PARK, INC.**

Principal Place of Business

Mailing Address

**149 SERPENTINE DR  
 VENICE FL 34292**

**149 SERPENTINE DR  
 VENICE FL 34292-1089**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2258014**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEMPIEN, TED  
 158 SERPENTINE DR  
 VENICE FL 34292**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, RALPH</b>	
STREET ADDRESS	<b>103 BAYOU DR.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, SUZANNE</b>	
STREET ADDRESS	<b>156 SERPENTINE DR.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOSEY, JAMES</b>	
STREET ADDRESS	<b>154 MORNINGSTAR RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOGGS, LOUIS</b>	
STREET ADDRESS	<b>143 BAYOU DR.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUITER, WINSTON</b>	
STREET ADDRESS	<b>153 SERPENTINE DR.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STEMPIEN, TED</b>	
STREET ADDRESS	<b>158 SERPENTINE DR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>150 SERPENTINE DR</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVERETT TAYLOR</b>	
STREET ADDRESS	<b>144 BAYOU DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
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		<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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TED STEMPIEN**

**1-22-00**

**941/485-7925**

Date

Daytime Phone #

CR2E037 (9/99)