

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90460 048 ***150.00

DOCUMENT # H95564

1. Entity Name

VENTURE ASSOCIATES REALTY CORPORATION



Principal Place of Business

**2661 N.W. 60TH AVENUE
OCALA FL 34482
US**

Mailing Address

**2661 N.W. 60TH AVENUE
OCALA FL 34482
US**

2. Principal Place of Business

5127 N.W. 26 Street

Suite, Apt. #, etc.

3. Mailing Address

5127 N.W. 26 Street

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

59-2632695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HART & GRAY

**125 N.E. FIRST AVE., STE. 1
OCALA FL 32670**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CDAS
PEARSALL, RICHARD L.
5000 N US HIGHWAY 27
OCALA FL 34482**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPDS
ECKMAN, KENNETH A.
5000 N US HIGHWAY 27
OCALA FL 34482**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPT
TAIT, ARTHUR F., JR.
5000 N US HIGHWAY 27
OCALA FL 34482**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ECKMAN, PETER H
5000 N US HWY 27
OCALA FL 34482**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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:

ARTHUR F. TAIT, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur F. Tait, Jr.

Date

Daytime Phone #

CR2E034 (10/02)