

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90092 013 ****70.00

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1. Entity Name

**VENICE, FLORIDA, CHAPTER OF THE SOCIETY FOR THE
PRESERVATION AND ENCOURAGEMENT OF THE BARBER SHO**

Principal Place of Business

Mailing Address

**36 SPORTSMAN ROAD
ROTONDA WEST FL 33947**

**36 SPORTSMAN ROAD
ROTONDA WEST FL 33947**

2. Principal Place of Business

3. Mailing Address

1226 WATERSIDE LANE

1226 WATERSIDE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VENICE, FL

VENICE, FL

34292

USA

34292

USA

4. FEL Number
26-0059889

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAUBACH, WILLIAM G
36 SPORTSMAN ROAD
ROTONDA WEST FL 33947**

Name **O'CONNOR, ROBERT F.**

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

1226 WATERSIDE LANE

City **VENICE**

FL 34292

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **NIXON, JAMES D**
STREET ADDRESS **434 NORTH SHORE DRIVE**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **P** ☒ Change ☒ Addition
NAME **BASHAM, PAUL E.**
STREET ADDRESS **1599 VERMEER DRIVE**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **T** ☒ Delete
NAME **BASHAM, PAUL E**
STREET ADDRESS **1599 VERMEER DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **S** ☒ Change ☒ Addition
NAME **O'CONNOR, ROBERT F.**
STREET ADDRESS **1226 WATERSIDE LANE**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **S** ☒ Delete
NAME **STAUBACH, WILLIAM**
STREET ADDRESS **36 SPORTSMAN ROAD**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **T** ☒ Change ☒ Addition
NAME **TRUMPY, ROBERT C.**
STREET ADDRESS **2111 TIMUCUA TERRACE**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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 officers empowered.

SIGNATURE:

ROBERT F. O'CONNOR

01/20/03

(941) 480-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)