

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90343 046 ****61.25

DOCUMENT # N45993

1. Entity Name

VENICE HISTORIC PRESERVATION LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 995
 VENICE FL 34284-0995
 US

P.O. BOX 995
 VENICE FL 34284-0995

125721



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 **65-0334416**

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

BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE FL 34284

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	P TRAMMELL, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	418 GULF ST	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	V KALLAS, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS	409 MANATEE CT #110	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	S SZAFRANIC, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	308 W BAY DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	T MURRAY, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	1781 BIRDY DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME	D O'CONNELL, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	414 PALMETTO CT	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	D FARRELL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	100 THE ESPLANDO #403	
CITY-ST-ZIP	VENICE FL 34285	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MURRAY, GERALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	269 SOUTHAMPTON DR.	
CITY-ST-ZIP	VENICE, FL. 34293	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JEAN TRAMMELL* **SIGNATURE REQUIRED** JEAN TRAMMELL 3-1-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)