

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90069 035 ****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

2. Principal Place of Business

3. Mailing Address

P.O. Box 995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Venice, Florida

4. FEI Number

65-0334416

Applied For

Not Applicable

Zip

Country

Zip

Country

34284

U.S.A

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

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 **P** Delete
 NAME **TRAMMELL, JEAN**
 STREET ADDRESS **418 GULF ST**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **DP** Change Addition
 NAME **Rollins Coakley**
 STREET ADDRESS **813 Robert St.**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **V** Delete
 NAME **KALLAS, BEVERLY**
 STREET ADDRESS **409 MANATEE CT #110**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **DVP** Change Addition
 NAME **George McLean**
 STREET ADDRESS **604 Alhambra Rd.**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **S** Delete
 NAME **SZAFRANIC, DONNA**
 STREET ADDRESS **308 W BAY DR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **DS** Change Addition
 NAME **Ellen Hillstrom**
 STREET ADDRESS **830 Indus Rd**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **T** Delete
 NAME **MURRAY, GERALD**
 STREET ADDRESS **269 SOUTHAMPTON DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DT** Change Addition
 NAME **Janet Weis**
 STREET ADDRESS **396 Park Lane Dr**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** Delete
 NAME **O'CONNELL, IRENE**
 STREET ADDRESS **414 PALMETTO CT**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** Change Addition
 NAME **Elizabeth Intagliata**
 STREET ADDRESS **401 Castile St**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** Delete
 NAME **FARRELL, JOHN**
 STREET ADDRESS **100 THE ESPLANDO #403**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** Change Addition
 NAME **George Youngberg**
 STREET ADDRESS **604 Menendez St.**
 CITY-ST-ZIP **Venice FL 34285**

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:

Janet Weis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

941-485-4556
 Daytime Phone #

CR2E037 (9/01)