

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90357 018 ****61.25

DOCUMENT # N45993

1. Entity Name

VENICE HISTORIC PRESERVATION LEAGUE, INC.



Principal Place of Business

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

Mailing Address

P.O. BOX 995
VENICE FL 34284

70044100



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. 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	<input checked="" type="checkbox"/> Delete
NAME	TRAMMELL, JEAN	
STREET ADDRESS	418 GULF ST	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KALLAS, BEVERLY	
STREET ADDRESS	409 MANATEE CT #110	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SZAFRANIC, DONNA	
STREET ADDRESS	308 W BAY DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, GERALD	
STREET ADDRESS	269 SOUTHAMPTON DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, IRENE	
STREET ADDRESS	414 PALMETTO CT	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, JOHN	
STREET ADDRESS	100 THE ESPLANDO #403	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Intagliata	
STREET ADDRESS	401 Castile St.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George McLean	
STREET ADDRESS	604 Alhambra Rd.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hillstrom, Ellen	
STREET ADDRESS	830 Indus Rd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weis, Janet	
STREET ADDRESS	396 Park Lane Dr	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Youngberg, George	
STREET ADDRESS	604 Menendez St.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madden, Jerry	
STREET ADDRESS	1933 San Silvestro Dr.	
CITY-ST-ZIP	Venice, FL 34292	

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 REQUIRED**

4/12/03

941-486-4556

CR2E037 (10/02)