

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90035 039 ****61.25

DOCUMENT # N51159

1. Entity Name

R/C FLIERS OF VENICE, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 3177~~
VENICE FL 34293

~~P.O. BOX 3177~~
VENICE FL 34293-7243

567 Laurel Cherry Lane

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0385887

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

ALFONSO, FRANK
265 ROYAL OAK WAY
VENICE FL 34293

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:
FEES 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	D GANDORF, EDWARD C	<input type="checkbox"/> Delete
STREET ADDRESS	373 ROSELING CR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME	S WELKE, LOWELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	999 EVEREST RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME	T WILDER, ALLEN	<input type="checkbox"/> Delete
STREET ADDRESS	567 LAUREL CHERRY LN	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME	D OBESHAW, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	308 CRANE ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE NAME	P FRANK ALFONSO	<input type="checkbox"/> Delete
STREET ADDRESS	265 ROYAL OAK WAY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP HERBERT EGAN,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	253 DORCHESTER DRIVE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE NAME	SECRETARY PAUFVE, ELDRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2895 W DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	D RING, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	468 SHARKS POINT,	
CITY-ST-ZIP	VENICE, FL 34287	
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: *Frank Alfonso* **FRANK ALFONSO** **2/28/00** **64-497-4866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)